

CORRECTED CORRESPONDENCE
Omitted information on Type of Review &
Prevailing Party in original letter.

REVIEWER'S REPORT

DATE OF REVIEW: 07/03/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Six (6) sessions of individual psychotherapy
2. Three (3) sessions of medication management

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Board-certified by American Board of Physical Medication and Rehabilitation

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Determination upheld for denial of psychotherapeutic and medication management services as noted above.

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. URA correspondence dated 11/13/06, 12/05/06, 04/12/07, and 06/03/07
3. IRO request letter dated 06/14/07
4. Preauthorization request TWCC advisory 96-11, 04/09/07 and 04/30/07
5. Orthopedic surgery consultation on 03/06/07
6. Pain management consult on 05/10/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant was injured while lifting glass and placing it on a shelf when he felt a burning and pop in his lower back. Shots and medication management were unsuccessful in adequately treating his pain. An MRI scan of the lumbar spine from 08/07/05 is reported to have shown posterior disc bulging at L2/L3, L3/L4, and L4/L5 with disc herniation at L3/L4 and L4/L5 levels with mild spinal stenosis. When the patient was seen on 03/06/07 by the orthopedic surgeon, an MRI scan was reported as showing L5/S1 non-contained disc herniation rated at stage III with annular herniation, nuclear extrusion, and disc desiccation consistent with T2 changes and spinal stenosis. This differs from the scan of 08/07/05 as reported in the pain consultation of 05/10/07.

Additionally at the orthopedic consultation, an EMG/NCV study, which was “abnormal for the lower extremities,” was reported to have been presented by the patient. It was concluded that the patient had appropriate indications for surgery. However, the patient rejected this treatment option.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

First of all, there is some significant question of whether the L5/S1 disc herniation reported was present. There is marked discrepancy between the MRI scan reported from 08/07/05 and the MRI scan that is undated but reported as noted above. The letter requesting reconsideration of the above-noted treatments states that the psychotherapy has been recommended “to assess the patient’s fear of surgery.” This is not appropriate indication for psychotherapy (Trief, P.M., et al, 2002, “Perspective Study of Psychological Predictors in Lumbar Surgery Outcome,” Spine, 25 (20), 2616-2621). Additionally, no information was provided concerning the patient’s response to previous psychological interventions, which would be an important consideration for the above.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers’ Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.


INDEPENDENT REVIEW INCORPORATED

- Interqual Criteria.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (Spine citation noted above).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

**P. O. Box 215
Round Rock, TX 78680
(1908 Spring Hollow Path, 78681)
Phone: 512.436.9093
Fax: 512.287-4024**