

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: 7/30/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Eight (8) sessions of individual psychotherapy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Licensed Master Social Worker, licensed in Texas. Five years experience in psychiatric hospital setting, working with Psychiatric Intensive Care Unit, Adult Acute Care, Chemical Dependency Unit, and Children and Adolescent Unit; experience includes individual, family, and group therapy.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notification of case assignment

Psychosocial Assessment Report (3/8/07) FROM

Pre-authorization request for individual psychotherapy, which includes treatment plan and discharge criteria

consultation (3/30/07) BY, m.d., F.r.c.p. (c),

Letter of DENIAL OF services (4/13/07) from, phd.

Letter of denial of services (5/10/07) from Dr.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female, who sustained a work related injury on xx/xx/xx, when she was hit on the left arm by a heavy radiator coming off a conveyor belt. The object rotated rapidly and she was hit repeatedly before being able to move out of the way.

According to record, history of symptoms for this injury include, but is not limited to, numbness, pain and swelling. The injured employee has continued to experience severe pain and other symptoms associated with this injury. She has failed to regain a minimal level of recovery necessary to return to work. Physical limitations since the time of injury include a decreased range of motion and excessive weakness in her left arm and hand due to increased pain. She complains of pain in her left shoulder, and left side of neck and face. To look to her left, she must move very slowly. She cannot lift objects with her left hand.

The injured employee reports that her injury has interfered with daily living activities, as well as having caused her a great deal of depression and anxiety, which in turn has contributed to sleep disturbances, fear, disillusionment, guilt, LOSS of self confidence.

Treatment rendered to date has included pain medication, three injections for inflammation, electric stimulation, home exercise program, physical therapy, and return to work counseling. In Dr. Consultation, he states that the patient has been taking 3 extra-strength tylenol 4-5 times a day, which he advised that she discontinue because of risk to her liver and other complications. The injured employee continues to ENDORSE A pain level of 5 or 6.

Apparently the injured employee's insurance has been denying requests for medical care. According to Dr. consultation, she will likely need surgery.

Diagnostic Impressions are:

- | | |
|----------|--|
| Axis I | Chronic Pain Disorder associated with Physical and Psychological Factors
Sleep Disorder Due to Injury
Anxiety NOS - Secondary to work related injury |
| Axis II | V71.09 |
| Axis III | Injury to left arm, otherwise deferred |
| Axis IV | Severe – financial, health, medical, primary support, employment, And social |
| Axis V | GAF: 58 |

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

It is this Reviewer's recommendation that the eight (8) individual psychotherapy sessions be approved.

In the denial letter of 5/10/07, a URA reviewer stated, "the patient has over a 4 year history of *unspecified* pain complaints." In Dr. consultation, it is clearly

stated that on xx/xx/xx, the employee was “hit on the left arm by a heavy radiator coming off a conveyor belt.” In the psychosocial assessment dated 3/8/07, it indicates that the object “became loose and rotated rapidly hitting her left arm repeatedly before she was able to move it out of the way.” The injured employee’s pain complaints, as reflected in the psychosocial assessment and Dr. consultation, all refer to pain in the left arm, left hand, left side of neck and face. These complaints have a sense of specificity to this reviewer.

Also in the denial letter, the URA reviewer states, “typically, if the patient’s problem is primarily pain related, home exercise program is warranted.” Dr. consultation specifically refers to home exercise as one of the treatment options that the injured employee has undergone, as well as physical therapy.

In the denial letter of 4/13/07, the URA reviewer states “there is no assessment provided of psychosocial factors or non-medical obstacles that may be contributing to the maintenance of symptoms. However, the psychosocial assessment addresses the injured employee’s “ongoing complaints include depression and anxiety due to the pain problem and her **inability to work...** excessive guilt and sadness because of her **inability to work to provide the necessary income for her two children.**” “She has resorted to her church for assistance to pay for groceries, school clothes, and shoes for her children. Her sense of self-confidence is drastically low, and she feels like a failure as a single mother since the injury to her left arm.” Contrary to the previous URA reviewer’s opinion, these are psychosocial factors and non-medical obstacles that contribute to the maintenance of symptoms.

Depression, anxiety, excessive tension, nervousness, fear, sleep disturbance, crying easily, low self esteem are common symptoms for chronic pain patients. They are also common symptoms for people who lose their jobs or ability to do their jobs because of injury. For many people, one’s job is intricately connected to one’s identity. But further, the loss of the ability to function is also intricately connected to one’s identity. It is common for people to “grieve” these losses for an indefinite period of time, especially if they do not get professional help. The injured employee’s depression level was 29 at the time of the psychosocial evaluation. Her anxiety level was at 51 (Beck depression inventory & beck anxiety inventory).

According to Dr., the injured employee “has suffered significant relationship hardships due to the injury, and the secondary loss of income.

The treatment plan, although somewhat general, addresses reducing the subjective pain experience, controlling related emotional and behavioral pathology and influencing subjective pain experiences through behavioral psychotherapeutic approaches. “Systematic reviews have found that cognitive behaviour therapy, using a combination of interventions such as exposure, relaxation, and cognitive restructuring, improves anxiety and depression more over 4 – 12 weeks than remaining on a waiting list (no treatment), anxiety management training alone, relaxation training alone, or non-directive

psychotherapy. One systematic review found limited evidence, by making indirect comparisons of treatments across different RCTs, that more people given individual cognitive therapy maintained recovery after 6 months than those given non-directive treatment, group cognitive, group behavior therapy, individual behavioral therapy, or analytical psychotherapy." (Jones, G., et al. Clinical Evidence Concise, (2002) p.192. What are effective treatments?)

Other clinical research addresses the highly subjective nature of pain, which is influenced by biological, psychological and sociological factors (Caudill, M., et al. (1991) Pain. 45, 334-335). It is well known that the most effective chronic pain management consists of a multidisciplinary diagnostic and treatment approach (Follickl, M. J., et al, Chronic pain programs: current aims, strategies, and needs, Ann. Behav. Med., 7(1985) 17-20).

The Reviewer concludes that the outlined treatment goals are in compliance with the Texas Labor Code (408.021) which states that an employee who sustains an injury is entitled to **all** health care reasonably required by the nature of the injury as needed. It is important also to note that the American Academy of Pain Management advocates for pain management to be multidisciplinary in approach.

After reviewing all the records, this Reviewer's determination is that the eight (8) psychotherapy sessions are medically necessary.

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

- 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
- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE
 - PLEASE SEE ABOVE
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)