

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
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**DATE OF REVIEW:** June 22, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Individual psychotherapy (90806) 1 x 6 weeks

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

Board Certified by the American Board

**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**

Medical records from the Utilization Review Agent include:

- D.O., 12/17/05, 12/19/05, 12/26/05
- D.C., 06/29/06, 07/31/06
- M.D., 08/02/06, 08/09/06, 09/05/06
- M.D., 09/27/06, 10/04/06, 11/30/06, 12/04/06
- M.D., 10/19/06
- M.D., 11/13/06
- D.O., 02/10/07, 02/19/07, 03/24/07, 04/03/07, 04/04/07, 04/13/07, 04/24/07, 04/27/07, 04/30/07, 05/08/07, 05/08/07, 05/14/07 05/21/07, 06/04/07
- LLC, 03/15/07, 05/24/07, 06/07/07
- D.C., 05/11/07

Medical records from the Requestor include:

- D.O., 12/17/05, 12/19/05, 12/26/05
- P.A., 06/29/06,
- M.D., 08/02/06
- M.D., 09/27/06, 10/04/06
- Healthcare, 12/21/06, 02/10/07, 03/24/07, 05/08/07, 05/21/07, 06/04/07
- LC, 05/24/07, 06/07/07

**PATIENT CLINICAL HISTORY:**

The patient injured himself in xx/xx/xx, when he lost his balance and fell into a hole. The patient was initially seen at Clinic on xx/xx/xx. He indicated that he had hit his head and left shoulder. There is no indication of loss of consciousness or feeling dizzy or vomiting. He had a contusion to his left occipital parietal area and his left shoulder. He is noted to have some tenderness over his left occipital parietal area and left shoulder area. An x-ray of the skull was negative. He was subsequently seen on two occasions. His symptoms improved. He has a headache if he bends over to hammer, however, otherwise no headache, no vomiting, and no dizziness. He is noted to have full range of motion of the shoulder without pain.

No subsequent treatment notes are submitted until the patient is next evaluated on June 29, 2006, at Chiropractic. The patient is complaining of light bothering his eyes, loss of memory, low back pain, and neck pain. He reports that on this occasion that he fell and hit his head, mid back, left shoulder, and right shoulder. He also reports that he has pain over the back of his head, over his cervical and thoracic spine bilaterally, and over his left and right trapezius muscles, as well as his left and right levator scapulae muscles.

The patient's next treatment is on September 27, 2006, by M.D. He reports to Dr. that he struck his right occipitoparietal region of his head and was stunned. He also struck his low back and has continued to have back, neck, and head symptoms. He is reporting a throbbing headache on the right, memory dysfunction, and sleep disturbance. He is reporting blurred vision and difficulty hearing out of his right ear. He is reporting left shoulder pain, low back pain, and left leg radiation.

There is apparently an EEG which is interpreted as demonstrating grade II dysrhythmia consist with a head injury on the right skull and postconcussion symptoms.

The patient was subsequently evaluated at where again he is reporting chronic headache, neck pain, and shoulder pain.

The patient is referred for a psychological evaluation, which is accomplished by. On this evaluation, he is indicating dizziness, memory problems, frequent severe headaches, and hearing loss secondary to hitting his head. He is reporting 8 out of 10 pain and 5 out of 10 interference with recreational, social, occupational, and familial activities. Despite the fact that he is working 50 hours per week, he reports difficulties with self-grooming, household chores, yard work, cooking, exercising, driving longer than 30 minutes, sitting longer than 15 minutes, standing longer than 30 minutes, bending and squatting, lifting items in excess of 40 pounds, and climbing stairs. He reports difficulty with sleeping. He reports a depressed mood anhedonia, worry, insomnia, fatigue, feelings of guilt, and diminished ability to concentrate. There is no formal cognitive testing accomplished. He is diagnosed with an adjustment disorder with mixed anxiety and depressed mood secondary to the work injury, and a mood disorder secondary to head trauma. It is recommended that he receive individual psychotherapy, and Beck Depression Inventory.

There is a required medical examination accomplished on November 13, 2006. On that evaluation, the patient indicates that he felt dazed after the accident and has had decreased memory and headaches, and that he feels weak in all four extremities. The physical examination demonstrated give way weakness in all four extremities. There was minimal effort on motor strength examination. He reports a severe pain with just light touching on the spine. The evaluator concludes that there is a functional overlay symptom magnification.

There is another medical evaluation accomplished on May 11, 2007, which noted on evaluation a left shoulder significant voluntary restriction. The maximum, maximum voluntary effort hand grip strength test was administered; however, the patient did not complete it secondary to inability to squeeze the dynamometer.

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

In my opinion individual psychotherapy is not medically indicated. The patient's report of injury has varied over time. There is inconsistency between his reported right-sided head pain and tenderness when it is clearly documented that his initial injury was on the left parietal occipital area, and there are multiple other indicators of symptom magnification included in the records. This was not adequately assessed in the initial treatment and evaluation. The medical necessity of the proposed treatment cannot be supported as cognitive behavioral therapy is unlikely to be successful in the presence of symptom magnification.

**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 (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)