Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726

DATE OF REVIEW:
JUNE 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Six additional sessions of individual counseling

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Licensed in Texas
5 years experience as social worker in psychiatric hospital, with individual (one on one) patients, group therapy, family therapy, psychiatric intensive care unit, regular adult psychiatric unit, children and adolescents, and chemical dependency patients.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notification of case Assignment (5/16/07)
- Requested Services, D.C., treatment records from, D.C. 3/23/07-5/4/07
- Records of an office visit from Dr., M.D. from Center, Report and Discharge Summary from the Center 11/2006-5/2007
- Reports from Clinic and Association 9/2006-10/2006
- Review determination from
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PATIENT CLINICAL HISTORY [SUMMARY]:
On xx/xx/xx, the injured employee was injured at her place of work. She reports that on the day of the injury, she was pushing an approximate 3 to 4 foot tall narrow shelf on wheels. As she was walking to her desk, her right foot slid

forward and to the left, and her body took a quick, vigorous twist. She went down, but didn't fall all the way down. She sat down and pain began immediately in her back and down into her right leg. The next day she was unable to work.

The injured employee saw her personal physician the next day, and he ordered an MRI, which showed herniation at L4 and L5, and a smaller left foraminal disc bulge. She was transferred to Dr., who performed surgery, which confirmed intraforaminal herniation at L4-L5.

The patient treatment has included home therapy, including Ice, exercise, activities of daily living instructions, and medication management. She transferred her care to Centers in March, 2007. In addition to 6 psychotherapy sessions, (which were denied), Dr. also requested Therapeutic Exercise (4 units, 60 minutes), Therapeutic Activity (4 units, 60 minutes), and myofascial release. She is reportedly taking the following medications: Trazodone 150mg, Effexor XR150mg, methotrexate 25, Norco 7.5/325, atenolol/chlarothal 100/25 Butabital, Excidren, per patient report.

The patient continues to report persistent physical pain, depression, anxiety, sleep disturbance, stress from family issues, finances, medical problems, job/employment, social isolation, muscle tension relating to the termination of constructive activity because of her pain.

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

The basis of the refusal to fund 6 psychotherapy sessions seems to center on the fact that the patient has previously received psychiatric treatment for a premorbid psychiatric condition, and the behavioral assessment by LPC, Centers does not separate or distinguish what conditions existed before her accident at work that might now be causing her emotional and mental problems. LLC points out that the patient has returned to work, and a realistic goal is "restoration of function and successful reintegration into the workforce," "even though the complete elimination of pain may not be possible." LLC goes so far as to suggest that the requested treatments could reinforce psychological, environmental, and psychosocial factors such as symptom magnification that promote "chronic pain states" and inhibit recovery.

The Reviewer agrees with the recommendation of the LPC that the patient receive 6 psychotherapy sessions. Regarding a complicating pre-existing condition, the patient reports that she did receive treatment while going through menopause, and has been taking Effexor to aid with her symptoms from fall of 2004 to fall of 2005. She attended 2-3 counseling sessions at the Center for past sexual abuse; the records do not indicate the date of these.

Her injury occurred on xx/xx/xx. She has been working at her place of employment since 19XX, with no apparent history of problems before that date. She had surgery on xx/xx/xx, because of severe onset of right leg pain. (L4-5 discectomy performed). Although patient has returned to work, she now sits at a computer desk, which is not necessarily conducive to alleviating the type of pain injury that she has sustained, and this does not represent "successful

reintegration into the workforce." It is completely understandable that she would continue to experience pain. The patient has undergone treatment with Dr., and he documents that patient's pain levels have not resolved, and requested the.

The patient's I diagnosis is Depressive Disorder NOS. Her depression and anxiety are severe, as indicated by Beck Inventories. Results of Patient Symptom Rating Scale indicate a score of 76 – indicative of severe deficits in pain management skills and psychosocial stressors. She is taking medication for pain which she describes as high as 7 (on a scale of 1-10). The pain interferes with her daily living to the point where her overall adjustment and coping appear to be compromised, and she feels disabled. The patient's concerns about functional limitations, inability to work at her previous position, moderate to severe pain, lack of adequate medical care secondary to her injury, feeling lack of control over her life, lost confidence, feeling useless, angry, misunderstood -- All can contribute to sense of altered identity. For many, self-identity is connected to one's job. When work capacity is limited or results in change, it can lead to a cascading of symptoms, such as what the patient is currently experiencing. This would be the worst time to deny psychotherapy sessions.

Because the patient appears motivated to make a full recovery and return to a normal, productive lifestyle, and because there does not appear to be cognitive dysfunction or lack of intelligence, there exists positive reason to believe that she can benefit from a comprehensive, ambitious treatment program as described by the LPC. The goals outlined in the LPC's treatment plan would implement cognitive behaviorally based methods to reduce symptoms of depression and anxiety, provide stress management skills, relaxation techniques, and teach skills to manage pain. Equally important, the patient can learn cognitive restructuring to combat negative anxious thoughts, improving self-identity and self-worth, thus engendering hope as she faces the future. This appears to be a well considered plan of treatment, perhaps ambitious for only 6 sessions.

Margaret Caudill's superb clinical research (Caudill, M., Schnable, R. Zuttermeister, P.,Benson, H., Friedman (1991). Pain. 45, 334-335) speaks of the highly subjective nature of pain, which is influenced by biological, psychological and sociological factors, and states that the most effective chronic pain management consists of a multidisciplinary diagnostic and treatment approach. Her study demonstrated that a systematic program explicitly dealing with the biopsychosocial needs of the chronic pain patient is extremely hopeful. Other studies predict a reduction in clinic utilization if patients are taught effective coping skills that would allow for more self-control and more self-reliant participation in health care (Resor, K.A. & Craig, K.D., Medically incongruent chronic back pain: physical limitations, suffering and ineffective coping. Pain, 32 (1988) 35-45.).

Texas Labor Code (408.021) says that an employee who sustains an injury is entitled to **all** health care reasonably required by the nature of the injury as needed. The Pain Management advocates for pain management to be multidisciplinary in approach.

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