

# Clear Resolutions Inc.

An Independent Review Organization

## IRO REVIEWER REPORT TEMPLATE -WC

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**DATE OF REVIEW:**  
**MARCH 12, 2007**

**IRO CASE #:**

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

Six individual sessions of psychotherapy

Three medication management sessions

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

Licensed Professional Counselor (LPC), licensed in Texas

**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 (02-28-07), Texas Dept. of Insurance correspondence, Spine and Rehab consultation and evaluation reports from 3 physicians (2003 through 2007) , Neurologist report, EMG & Nerve Study Report from 2 physicians, Utilization Review Determination and Reconsideration(12-11-06), Behavioral Medicine Consultation (11-21-06)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

On, the employee was injured at her place of work while steaming and stacking chairs. MRI and electrodiagnostic studies were done and bilateral severe carpal tunnel was identified. Two carpal tunnel entrapments were performed. She participated in active and passive therapeutic exercises. The discomfort and pain had increased to a point where she sought medical intervention from several physicians throughout 2006. On xx-xx-xx, the injured employee went to the ER because of excruciating pain and was injected with analgesics. She has not been to work since. She is taking carisoprodol 350 mg. and Zoloft 50 mg.

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

The employee was injured at her place of work on for which she sought medical help for severe tingling in both hands. The EMG report (xx-xx-xx) states a diagnosis of bilateral severe carpal tunnel syndrome. She has gone from working in a full time position to living with intractable pain and has been unable to work since July 2006. She wears wrist braces. Tests (xx-xx-xx) document her inability to carry 13 lb boxes due to bilateral wrist pain while the physician from the Spine and Rehab states she has numbness and loss of grip of hands.

She has significant symptoms of anxiety and depression (Beck Inventory) due to her pain, and disability and lifestyle changes. This injury has negatively impacted her physically, emotionally, socially and psychologically. (11-21-06)  
For some individuals, self identity and self-worth are connected to one's job. The injured employee claims she was assessed at 27% impairment and feels depressed because she has not been able to do the things she used to. It is important to note that **BOTH** hands and wrists are affected, placing limitations on her functioning. It is understandable that she faces the future with discouragement.

The Reviewer agrees with the behavioral health evaluation that individual therapy would assist her through cognitive-behavioral therapy where she can learn coping skills and change negative thinking patterns into positive ones. Techniques such as visualization and guided imagery have been reported to be highly effective by researchers. The evaluation lists goals which can be achieved through professional counseling.

The physician and rehab reports (throughout 2006) indicate that her condition continues to deteriorate. This reviewer determines that her condition warrants three medication sessions to further explore, evaluate and address medication for her pain.

In the Reviewer's experience in working closely with patients for many years, the Reviewer has seen many patients experiencing physical pain and the emotional pain of life altering changes who became suicidal and were admitted to psychiatric hospitals. Pain has affected this injured employee's whole person...mind, body and spirit for almost four years.

Clinical research speaks of the highly subjective nature of pain which is influenced by biological, psychological and sociological factors. It is well known that the most effective chronic pain management consists of a multidisciplinary diagnostic and treatment approach., Chronic pain programs: current aims, strategies, and needs, 7(1985).

Caudill addresses the 4 components of the pain experience: somatic, affective, behavioral and cognitive. Her study demonstrated an effective systematic program explicitly dealing with the biopsychosocial needs of the chronic pain patient.

The behavioral consult has outlined a plan with treatment goals focusing on the reduction of depression and alleviating distress, and teaching coping skills and stress management skills. Psychotherapy is an effective treatment as it can additionally empower the individual to actively participate in her rehab.

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 to note that the American Academy of Pain Management advocates for pain management to be multidisciplinary in approach.

After reviewing all the documentation, it is the Reviewer's determination that 6 individual psychotherapy sessions and 3 medical management sessions be authorized.

**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)