



DATE OF REVIEW: 10/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual counseling, one time per week for four weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, DWC Approved Doctor List Level II, practicing Pain Management for over 20 years

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)

INFORMATION PROVIDED FOR REVIEW:

Medical records from Healthcare Systems, Dr., Dr., and physician advisers who have previously reviewed this case.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured on xx/xx/xx while lifting a case of water. He felt a pop in his left groin. He was subsequently diagnosed with a left inguinal hernia, undergoing left inguinal hernia repair in January 2005. He subsequently underwent a second operation in January 2006 to repair a recurrent left inguinal hernia.

On 05/30/06 the claimant was referred by a DC through Healthcare Systems for Behavioral Health Evaluation by, a licensed social worker. Mr. noted the claimant's complaints of panic attacks, pain, depression, limping, and difficulty moving. He noted the claimant had no job to return to. He also noted the claimant had previously undergone a work hardening program for four to six weeks under the auspices of Dr.. The claimant stated he was in “worse pain than prior to the surgery.” The claimant was,

at that time, allegedly taking no prescription medication. The claimant admitted to a depressed mood and anxiety. Psychologic testing demonstrated Beck Depression Inventory score of 52 and Beck Anxiety Inventory score of 54, both of which were said to be in the severe range. Mr. recommended that the claimant attend a minimum of ten sessions of a chronic pain management program then reversed himself in the evaluation, stating that the claimant should undergo four sessions of individual counseling. This discrepancy is not otherwise explained.

The claimant was evaluated by Dr. on 06/02/06, two days after the psychologic evaluation. In that evaluation, he stated the claimant should undergo a “interdisciplinary chronic pain management program,” making no mention of individual counseling.

On 04/23/07, some eleven months later, the claimant was seen for an Independent Medical Evaluation by Dr.. Dr. reviewed the claimant’s clinical history, noting the two surgeries that had been performed to repair left inguinal hernia and recurrence. He noted the claimant had undergone a Designated Doctor Evaluation with Dr. on 09/20/06 in which he was awarded 15% whole person impairment. Dr. noted no evidence of recurrent hernia on exam as well as the claimant’s left testicle being smaller than the right. Dr. documented that the claimant was taking Xanax, Lexapro, Ambien, and hydrocodone. He noted the claimant’s complaint of left groin pain with numbness and paresthesias. On physical examination Dr. noted no evidence of left inguinal hernia with the area of maximum tenderness being over the hernia scars. He also noted that the claimant’s left testicle was smaller but nontender. The right testicle, which was enlarged, “seems to have a considerable mass attached to it” and stated this was the “most tender area of the scrotum.” Dr. opinion was that the claimant had “some sort of problem” with his right testicle, which was unrelated to the work injury. He stated that the claimant obtained no rating, according to the Texas Workers’ Compensation Accepted Guides of Evaluation, and that, therefore, he has a 0% whole person impairment rating. The claimant then completed four individual counseling sessions, with the fourth being on 06/20/07. At the conclusion, the evaluation of, a counselor intern, was that the claimant should have had a chronic pain management program where she worked. It was also noted that the claimant’s GAF, BDI, BAI, and pain scores were either minimally improved or not improved or worse. Specifically, the GAF score was the same, the BDI score was only slightly better, the BAI score was worse, and the sleep score was essentially the same.

On 06/22/07 the claimant underwent a physical performance evaluation. That evaluation by Dr. stated that the claimant had “significant signs of decreased functional ability secondary to a 2004 work-related injury involving his lower back with two subsequent surgeries of the lumbar spine. As a result of the surgery, he has developed chronic intractable lower back pain.” Dr. further went on to state that based upon his evaluation, the claimant was “a great candidate” for a chronic pain management program.

On 08/22/07, the counselor intern, requested four sessions of individual counseling. She stated that among the long-term goals for counseling were “to get the patient to maximum medical improvement along with reducing the permanent whole person impairment

rating.” An initial physician adviser review of the request recommended non-authorization of the request. A subsequent appeal was then filed. In that appeal it was stated that additional sessions would continue the previous treatment “as he was showing positive response.” A second physician adviser reviewed the appeal, again recommending non-authorization.

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

First and foremost, the psychological evaluation upon which the request for four additional sessions of individual psychotherapy is now almost seventeen months old. Moreover, in that evaluation there was clear discrepancy between the recommendation for chronic pain management program and, in the same evaluation, recommendation for individual counseling. Therefore, it is abundantly clear that the treatment recommended by that evaluation is inconsistent with itself, thereby, in my opinion, invalidating the evaluation. Moreover, despite the fact that this claimant continues to have significant pain in his left groin despite two surgeries to repair inguinal hernia, there is no documented surgical re-evaluation of this claimant since the January 2006 surgery to treat the recurrent hernia. Clearly, a surgical evaluation is of far greater importance than evaluation by chiropractors, social workers and counseling interns in determining what the best course of action and treatment for this claimant is, since his problem was initially, and may still be, one of surgical pathology. Additionally, it is abundantly clear that this claimant either had minimal to no improvement after four sessions of individual counseling completed approximately four months ago, or worsening of his clinical condition after that treatment. There is no medical reason or necessity to repeat failed treatment in any clinical situation. Dr. in his evaluation of 06/22/07 apparently does not even know what this claimant’s clinical history was, stating that the injury was to the lumbar spine and that the claimant’s clinical condition was the result of lumbar surgeries that were performed when, in fact, no such treatment was performed. Dr. evaluation, therefore, has no validity or weight as regard to appropriate treatment for this claimant. Finally, the request and appeal for four additional individual psychotherapy treatments were based upon long-term goals of getting this patient to maximum medical improvement and reducing his permanent whole person impairment rating. Since this claimant is already at maximum medical improvement and has a 0% whole person impairment rating according to Dr., these long-term goals have already been met. Therefore, the necessity of repeating individual psychotherapy, especially in light of its failure when previously done, is clearly absent. Therefore, for all the reasons described above, there is no medical reason or necessity for individual psychotherapy one time per week for four weeks as related to this claimant and his alleged work injury of 02/17/04. He has already had individual psychotherapy without any significant clinical benefit, and the long-term goals of that therapy have already been met.

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.
- 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 (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)