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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 09-24-07

IRO CASE #:

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

This case was reviewed by a Psychiatrist, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Psychotherapy sessions one time a week for six weeks

REVIEW OUTCOME

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

Upheld (AGREED)

REVIEW OF RECORDS

- Submitted medical records were reviewed in their entirety.
- July 27, 2007, Non-Certification Letter, Dr.
- August 31, 2007, Non-Certification Letter, Dr.
- July 3, 2007, request for treatment, Dr.
- July 16, 2007, Initial Behavioral Medicine Consultation, Ms., Licensed Professional Counselor
- July 3, 2007, History and Physical, Dr.
- August 17, 2007, Reconsideration: Behavioral Health Treatment, Dr.
- September 6, 2007, Notice of Assignment of Independent Review Organization, signed by Ms.
- July 26, 2007, Environmental Intervention, Dr.
- August 28, 2007, Follow-Up Report, Dr.
- July 9, 2007, Physical Therapy Evaluation, Ms., Physical Therapist
- Emergency Department, Dr.
- Radiographic Report of the Knees, Dr., III
- Emergency Department Report, Mr., PA-C

CLINICAL HISTORY SUMMARY

According to the medical records, the patient sustained an industrial knee injury. The patient was initially evaluated in the Emergency Room, at which time they returned the patient to regular work. She has undergone conservative management. The medical records indicate that the patient was sleeping three hours per night prior to the above captioned injury and she currently reports sleeping one hour per night.

The patient underwent an initial behavioral medicine consultation on July 16, 2007 with a Licensed Professional Counselor, who determine the patient has a sleep disorder secondary to her work injury. At the time of the consultation, the patient complained of difficulty falling asleep and two awakenings per night.

A letter of appeal was submitted by a secondary Licensed Professional Counselor on August 17, 2007. He cites the DSM-IV

criteria for Sleep Disorder due to a general medical condition.

The claimant was evaluated on multiple occasions by her primary treating physician and she did not report sleep disturbances. Likewise, the patient was maintained on a working status.

ANALYSIS AND EXPLANATION OF DECISION

The medical records fail to document why the patient was sleeping only three hours per night prior to the industrial injury. The patient's complaints of sleep disturbances are subjective in nature and there is no objective data to support her statements. As noted in the DSM-IV, one of the criteria which must be met includes the history, physical exam or laboratory findings suggest a general medical condition that seems likely to have directly caused this problem. In this case, the patient clearly had abnormalities in her sleeping patterns prior to the above captioned injury. Furthermore, as noted in the references, the healthcare provider must identify patients who continue to experience pain and disability after the usual time of recovery and, in such instances, referral for psychological care may be considered. However, in this case, the patient has been diagnosed with a meniscal tear in the knee. It would be reasonable to consider that during the course of her care, she would undergo conservative management (which she has already undergone) and if no improvement, meniscectomy would become a possibility. Consequently, it would be concluded that she has not, in fact, experienced pain and disability following the usual time of recovery, and she has not completed all of the recommended treatments for her condition.

The IRO's decision is consistent with the following guidelines:

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

__X___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)

__X___OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

Official Disability Guidelines, 2007. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested:
Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of

the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention.
Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy.
Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach.

According to the DSM-IV regarding Sleep Disorders Due to a General Medical Condition, the following criteria must be met:

The patient has a sleep problem serious enough to warrant clinical attention.

History, physical exam or laboratory findings suggest a general medical condition that seems likely to have directly caused this problem.

The sleep problem causes clinically important distress or impairs work, social or personal functioning.

It isn't better explained by another mental disorder (such as Adjustment Disorder, with a serious medical condition as the stressor).

The problem is not due to Narcolepsy or a Breathing-Related Sleep Disorder.

It doesn't occur solely during a delirium.