

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: December 16, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 1 per week x 4 weeks

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

General and Forensic Psychiatrist; Board Certified by the American Board of Psychiatry and Neurology

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 Carrier/URA include:

- Official Disability Guidelines, 2008

- Group, 12/02/08
- Employer's First Report of Injury or Illness
- Medical Centers, 07/25/07, 07/30/07, 08/03/07, 08/07/07, 08/14/07, 08/27/07, 10/19/07, 10/23/07, 11/07/07, 11/20/07, 01/31/08
- , 08/23/07
- , 10/05/07, 10/30/07, 12/11/07, 02/29/08, 06/27/08, 08/08/08, 10/24/08
- ., 11/27/07
- , D.O., 02/23/08, 03/17/08, 06/02/08, 07/07/08, 08/26/08, 09/15/08, 10/13/08, 11/10/08
- , 03/19/08, 03/21/07, 04/23/07, 05/22/08, 05/29/08, 06/05/08, 07/15/08, 07/28/08, 08/26/08, 09/17/08, 09/30/08, 10/10/08, 10/15/08, 10/17/08, 10/22/08, 10/27/08, 10/31/08, 11/14/08
- , 04/30/08, 06/11/08
- LPC, 06/11/08
- , 07/25/08
- , 07/25/08
- , 10/15/08, 10/29/08

Medical records from the Requestor/Provider include:

- , 04/23/08, 08/06/08, 08/26/08, 10/10/08, 10/17/08, 10/22/08, 10/27/08
- , 07/25/08
- , 08/08/08
- , D.O., 08/26/08, 10/13/08, 11/10/08
- , 10/15/08, 10/29/08

PATIENT CLINICAL HISTORY:

The service in dispute is individual psychotherapy one time per week x four weeks.

The patient injured his left shoulder while lifting a pallet on xx/xx/xx. He had conservative treatment without significant improvement. An MRI was accomplished, which revealed impingement, and subsequently surgery was recommended. Prior to his surgery, he had been referred to where he was diagnosed with a chronic pain disorder and enrolled in individual therapy at the time of that initial assessment. The patient was reporting continued pain, some irritability and frustration, and mild nervousness. On his Beck Anxiety Inventory he scored a 6, which indicates minimal anxiety, and a Beck Depression Inventory he scored a 7, indicating minimal depression. He participated in individual therapy and then had surgery on July 25, 2008. He then began physical therapy. He had one session of psychotherapy soon after the surgery. At that time, his Beck Depression Inventory at that time was a 10. Additional sessions of individual therapy were requested, however, were not authorized and are the subject of this review.

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

The submitted material does not include evidence of objective functional improvement. The Beck Depression Inventory score is worse, and the pain complaints are stable. Furthermore, at the time of the last psychotherapy visit, the patient just had definitive treatment, i.e. surgery, and no post operative physical therapy. There does not appear to be coordination with the physical therapist. At the time of request for additional therapy sessions, the progress notes from the physical therapist indicated that he was making reasonable progress in physical therapy and it is noted that he had made excellent progress in improvement of his range of motion. Therefore, the review outcome is upheld.

ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain:

Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ).

Initial therapy for these “at risk” patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT.

Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone:

- Initial trial of 3-4 psychotherapy visits over 2 weeks
- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)

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)**