

SENT VIA EMAIL OR FAX ON
Dec/29/2008

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/27/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X 6

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

Clinical psychologist; Member American Academy of Pain Management

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

OD Guidelines

Denial Letters 10/30/08 and 12/2/08

Records from 10/20/08 thru 11/25/08

5/28/08

Radiology Reports 4/17/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year old female who was injured at work on xx/xx/xx. At the time of the injury, she was performing her usual job duties as a for . Claimant reports that she was performing a re-set of a video game when the sliding door closed on her head, squeezing it and resulting in some degree of LOC. Patient was seen in the emergency room I, where she received x-rays and pain medications and was discharged. She has since transferred her care to Dr. , and has been placed on continued no work status.

On xx/xx/xx, patient received non-contrast head CT and cervical spine CT, both of which were negative. On 5/28/08, she received another MRI of the brain, which was unremarkable, as well as cervical MRI, which was unremarkable except for showing complete straightening of the cervical lordosis and minimal broad based disc osteophyte complex at C6-7. She continues to report neck, chest, and right arm pain at a 6/10 on a VAS. She also reports neurocognitive symptoms to include dizziness/balance problems, memory problems, confusion, and frequent severe headaches. She is receiving PT to address the balance

problems. Patient reports decreased social and emotional functioning since the injury. Her BDI score was a 43 and her BAI was a 55. Patient reports no previous history of psychological symptoms. Patient is diagnosed with cervical disc syndrome, closed head injury with loss of consciousness, and mixed adjustment disorder with depression and anxiety. She is prescribed Darvocet, Cymbalta, and Soma. Treating physician referred the patient for a psychological evaluation to assess appropriateness for conservative individual therapy sessions. On 10-20-08, patient was interviewed, evaluated, and diagnosed with mixed adjustment disorder. The current request is for individual cognitive-behavioral therapy 1x6 Goal is to employ cognitive-behavioral techniques in order to: improve problem-solving and coping skills, reduce irritability, frustration, muscle tension, and nervousness, and reduce BAI from 55 to 20, and reduce depression as measured by the BDI from 43 to 20.

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

A diagnostic interview with testing and recommendations was requested by the patient's treating doctor, and has been conducted. The results indicate that patient could benefit from cognitive-behavioral interventions aimed at improving coping skills in order to reduce injury-related anxious/depressed mood. A stepped-care approach to treatment has been followed, as per ODG, and the requested individual therapy sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and off-work status.

Additionally, patient could also benefit from a neuropsychological consult to address specific neurocognitive variables such as memory, confusion, etc. so that the totality of the patient's problem is correctly addressed. Patient is 8 months post-injury, and most post-concussive type symptoms should have resolved or have decreased in frequency, intensity and/or duration by this time. Patients whose problems do not resolve by one year post-injury can have a poor prognostic outcome for making a full recovery. Therefore, early intervention to include both supportive psychotherapy and cognitive re-training are important and should be implemented as soon as possible.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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