

SENT VIA EMAIL OR FAX ON
Dec/05/2008

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/02/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 X 6 session of psychotherapy

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 11/11/08 and 10/29/08

Records from Trust 10/1/08 thru 11/19/08

Record from Dr. 9/24/08

Peer Review 4/13/07

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year-old female who was injured at work on xx/xx/xx. At the time, she was performing her usual job duties as a xxxx, when she fell, striking her right side. She reported the injury, received medical attention, and was eventually taken off work. Peer review done on 4/07 shows that IE had back surgery on the right to include L4-5 decompression on May 2, 2002, and a repeat L4-5 discectomy on August 21, 2002. The claimant had another operation on April 29, 2003 consisting of a posterior lumbar interbody fusion at L4-5 and was assigned a 10% whole person impairment rating on August 22, 2003.

Over the course of her treatment, patient has received x-rays, MRI's, physical therapy, lumbar spinal surgery x3, chronic pain management program (around 2004) and medications management. Peer reviewer indicated that "this claimant has failed back surgery syndrome/post laminectomy syndrome with residual back and neuropathic lower extremity pain. She will need to be managed by a pain management specialist indefinitely... On a go-forward basis, there is no indication for additional physical therapy, durable medical equipment, additional diagnostic testing, or further surgery. Pain management is appropriate..."

Patient is currently prescribed Norco, Trazodone, Zanaflex, and Lyrica, all of which were deemed to be reasonable for this patient by the peer reviewer.

On 10-20-08, patient was interviewed and evaluated by Trust, in order to make psychological treatment recommendations. Patient was administered the BDI and BAI, along with an initial interview and mental status exam. At the time of the interview, patient reported an average pain level of 6/10 with elevations to 9/10. Her BDI was a 36, as was her BAI, placing her in the severe ranges for both depressive and anxious symptoms. Patient currently reports sleeping 5 hours per night with several interruptions due to pain and her "mind racing". Patient reports that she has stopped doing almost all productive activities, resting most of the day to avoid pain/re-injury, and is only active to go to doctor appointments, etc. Her social and family life has been negatively impacted by this decrease in activity. She reports receiving benefit from the individual therapies and groups she had in the chronic pain program, but is requesting these additional sessions to aid with current poor adjustment, and injury-related depression and anxiety. Goals are to increase coping and communication skills, improve mood, and aid in transitional and long-term planning through cognitive behavioral strategies. Current request is for 6 individual therapy sessions.

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

A diagnostic interview with mental status evaluation and recommendations has been requested by the patient's treating doctor, and has been conducted. Although patient has comorbid diseases of hypertension, diabetes, asthma, and heart problems, she has also been diagnosed with chronic pain syndrome and failed back surgery syndrome, and peer reviewer indicated she will need pain management intervention "indefinitely". Patient appeared to benefit from the pain management program she received approximately 4 years ago, but has currently regressed and could use some follow-up inoculation type therapy to address current developmental issues related to her pain and current status. The results of the clinical interview indicate that patient could benefit from intervention aimed at teaching coping skills and encouraging reducing pain, disability mindset, and associated fears in order to keep the patient productive in her family and home situation. In addition, ODG recommends she be evaluated for antidepressant medication before she begins therapy, as her depression is in the severe range.

As per ODG, and the requested 6 sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and off-work status with a goal of increased overall emotional functioning.

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)