

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 28, 2008 AMENDED: AUGUST 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 4 sessions of individual counseling

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

This case was reviewed by a clinician with a Ph.D. in clinical Psychology and who is licensed in the State of Texas. The reviewer specializes in general psychology and behavioral pain management and is engaged in full time practice.

REVIEW OUTCOME

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

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
296.22	Individual counseling		Prosp	4					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 79 pages of records received to include but not limited to: letters 7.11.08, 5.22.08, 6.17.08; list of providers; records, Spine Clinic 5.19.08, 6.18.08; Healthcare 4.28.08; Pain management notes 2.11.08-2.29.08; records Rehab center 2.11.08-

3.14.08; Health and Behavioral assessment 1.17.08; treatment history; ODG-TWC Guidelines, Behavioral Treatment.

Requestor records- a total of 5 pages of records received to include but not limited to: PHMO request for records; Healthcare 4.28.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured at work on xx/xx/xx, while performing her usual job duties. On the date of the injury, she states she was attempting to move a patient weighing over 400 pounds, when he shifted his weight, and fell on top of her. She sustained an injury to her low back, eventually receiving a lumbar fusion at L5-S1 on 10-12-05. Reports indicate she has received treatments and diagnostics to include x-rays, MRI's, medication management, physical therapy, and 20 days of a chronic pain management program. She reached statutory MMI, and received a 10% impairment rating.

Patient was approved for, and received, a 20 day chronic pain management program, during which time she made significant progress toward accomplishing all of her goals. She was able to taper off her Skelaxin, learn relaxation skills, decrease BDI score from 33 to 15, decrease pain 9/10 to 6-7/10, and get all of her ROM scores to 100% of normal. Behavioral medicine discharge plan stated that she could benefit from some ongoing counseling support. Patient will need to be retrained, and was in contact with DARS prior even to starting the pain program.

Current request is for 4 IT sessions, with the goals of stabilizing depressed/anxious symptoms to more moderate levels, and to decrease frequency of panic attacks. Patient continues to be followed by her primary physician, Dr. who refers her for these sessions, and has prescribed Xanax, Cymbalta, Ultram ER, and Skelaxin for her. She is currently diagnosed with failed back syndrome, chronic pain syndrome, and recurrent major depressive disorder.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

The current request is for 4 individual psychotherapy aftercare sessions. ODG states that "chronic pain patients should be followed for at least 3 months after initial active treatment. The primary goal of follow-up is to help transition from active treatment to patient controlled application of treatment protocols, leading to more independence."

Patient appeared motivated and compliant during the CPMP, and stated plans to return to work with help through DARS. Since this time she has regressed, and these additional sessions could remind her of what she has already learned and ensure that she has short-term vocational goals. She should be on her way to a new lifestyle and new vocation, and continued support as requested for 4 IT sessions is a medically reasonable and appropriate intervention at this time.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES