Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/9/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy – 6 sessions

QUALIFICATIONS OF THE REVIEWER:
This reviewer attended the University of Minnesota in Minneapolis, MN and graduated as a Doctor of Philosophy. She has worked as a licensed psychologist and supervising psychologist in Austin, TX since 2002 and 2004 respectively. She has published numerous papers and is a member of the American Academy of Pain Management and American Psychological Association.

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

☐ Upheld (Agree)

X Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Individual psychotherapy – 6 sessions Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 6/24/2008
2. IRO request form dated 6/20/2008
3. Request form dated 6/19/2008
4. Clinical note by DC, dated 5/16/2008
5. Clinical note by DC, dated 6/12/2008
6. Organization summary dated 6/24/2008
7. Employers first report dated 9/10/2007
8. Associate statement dated 8/9/207
9. Status report dated 8/8/207 and 8/15/2007
10. Evaluation note by MD, dated 8/13/2007
11. Follow up note by MD, dated 8/29/2007
12. Radiology report by MD, dated 8/16/2007
13. Status report dated 8/22/2007 and 8/29/2007
14. Patient information dated 8/29/2007
15. MRI of the cervical dated 8/29/2007
16. Work status report dated 9/8/2007 to 10/5/2007, multiple dates
17. Follow up note by MD, dated 10/15/2007
18. Work status report dated 1/9/2007
19. Follow up evaluation by MD, dated 11/19/2007
20. Clinical note by MD, dated 1/30/2008
21. Work status report dated 3/3/2008
22. Clinical note by DC, dated 3/3/2008
23. Clinical note by DC, dated 4/8/2008
24. Work status report dated 4/15/2008

25. Office visit dated 4/15/2008
26. Clinical note dated 4/16/2008
27. Outpatient consultation dated 4/16/2008
28. Initial diagnostic screening dated 4/19/2008
29. Clinical note dated 5/13/2008
30. Treatment request dated 5/13/2008
31. Confidential report dated 5/8/2008
32. Clinical note dated 5/2/2008
33. Request for designated doctor dated 5/13/2008
34. Report of medical evaluation dated 5/13/2008
35. Work status report dated 5/30/2008
36. Report of medical evaluation dated 5/13/2008
37. History and physical exam MD, dated 5/13/2008
38. Impairment rating report dated 5/13/2008
39. Functional capacity evaluation dated 5/22/2008
40. Static strength report dated 6/5/2008
41. Dynamic lifting capacity report dated 6/5/2008
42. Grip strength report dated 6/5/2008
43. Work status report dated 6/3/2008
44. Clinical note dated 6/5/2008
45. Clinical note by MS, dated 6/5/2008
46. Notice of assignment dated 6/23/2008
47. Cover sheet dated 6/23/2008
48. Clinical note dated unknown
49. IRO request form dated 6/20/2008
50. Request form dated 6/19/2008
51. Clinical note by DC, dated 5/16/2008
52. Clinical note by DC, dated 6/12/2008
53. Notice to air analyes dated 6/23/2008
54. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This employee is a female who was injured while at work on xx/xx/xx. She was reportedly lifting a case of Gatorade and later felt a sharp pain in her right upper extremity all the way up to the shoulder and cervical spine. Her diagnoses are listed as cervical diskogenic pain with radiculopathy, right upper extremity, myofascial pain syndrome, and general anxiety disorder with depressive features. At this time, the request for 6 sessions of individual psychotherapy is under review for medical necessity.

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

The request for 6 sessions of cognitive-behavioral individual therapy to address symptoms of depression and anxiety reportedly related to claimant's work injury is consistent with current ODG chapter on "Pain" with subheading "Psychological Treatment." Specifically, the ODG recommends psychological treatment and notes that Cognitive-Behavioral Therapy is particularly effective in addressing psychological sequelae of pain. The treatment goals propose the use of CBT to treat moderate levels of depression and anxiety noted by the claimant. The request for 6 sessions of individual psychotherapy is medically appropriate at this time. Therefore, the previous denial is overturned.

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

Name: Patient_Name

- ☐ 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)