



## REVIEWER'S REPORT

**DATE OF REVIEW:** 06/04/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Psychotherapy.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.O., Board Certified in Physical Medicine and Rehabilitation, Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. I reviewed a note from Dr., chiropractor, dated 01/03/07. At that time the injured employee was complaining of neck and low back pain and was distressed over ongoing pain, which was causing difficulties in her life. The date of injury was xx/xx/xx.
2. She saw Dr. again on 01/17/07 with similar complaints. She reported her injury was due to lifting at work.
3. I reviewed the initial treatment at Clinic on 05/21/07 where she was diagnosed with lumbar sprain/strain, lumbar pain, and cervical strain.
4. I reviewed the followup notes at Clinic where she was seen for therapy on 05/22/07 as well as 05/23/07.
5. On 05/24/07 the injured employee was seen by chiropractor. I reviewed progress notes from the injured employee's chiropractor through 06/11/07.
6. On 06/14/07 she underwent an MRI scan read by Dr., which reads, “L4/L5 has an approximately 2 mm symmetric annular bulge only as well as 3-mm to 4-mm posterior second vesical substance protrusion; substance contacts but does not indent expected thecal sac contours.”
7. I reviewed the progress notes continued thereafter through 07/13/07.

8. I reviewed the results of a retrospective review from Dr. date 07/14/07.
9. I reviewed a report from Dr. dated 07/19/07 who found her diagnosis to be “lumbar radiculopathy.” He recommended an epidural steroid injection. Continued chiropractic care took place thereafter.
10. On 01/02/08 an EMG study was performed by Dr., which was normal.
11. I reviewed a report from Dr. dated 01/28/08 where she was diagnosed with “probable S1 radiculopathy, chronic low back with intermittent radicular symptoms refractory to conservative care.” He recommended followup with epidural steroid injections.
12. I reviewed the individual psychotherapy note of 01/28/08 from, a counselor, not a psychiatrist or psychologist. She was given hypnotherapy/guided imagery, “walk in the woods.”
13. I reviewed a 01/29/08 report from chiropractor .
14. I reviewed additional psychotherapy notes dated 02/04/08 from the same prior practitioner as well as the third session, again provided by Ms.
15. I reviewed additional chiropractic notes from Dr. dated 02/14/08.
16. I reviewed another psychotherapy note from Ms., which would be the fourth session, on 03/12/08. She had an additional total of seven sessions of psychotherapy with this practitioner.
17. I reviewed a note from Dr. dated 04/21/08. His notation indicated that the BDI was 12 prior to her treatment, and the anxiety index was 22. After seven sessions of therapy, the BDI was 16, and the anxiety index was 15. The injured employee was working, and there was insufficient evidence that treatment needed to continue.
18. I reviewed a review from dated 04/29/08 who felt there was an iatrogenic perpetuation of complaints.
19. I reviewed a Physical Performance Examination Report of 08/01/07.
20. I reviewed an Impairment Rating report of 09/21/07 by Dr., which did not, however, indicate what that rating was. It did not appear as though the injured employee was at maximum medical improvement, a relatively moot point.
21. I reviewed a note from Dr. dated 11/01/07.
22. I reviewed a 12/31/07 report from Ms..

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

It appears as though the xx-year-old injured employee strained his back on xx/xx/xx. He has some pre-existing degenerative changes of the lumbar spine. He had a negative EMG study and negative MRI scan for herniated disc or compressive disc pathology. He underwent physical therapy and underwent extensive chiropractic care. He saw a counselor who felt he was depressed and had anxiety and treated him with seven sessions of psychotherapy. The review of these records is inconsistent with a work-related psychiatric or psychological condition.

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

This is a xx-year-old male who sustained a strain to his back and had treatment, went back to work, and now has a recommendation for psychotherapy. There were seven sessions of psychotherapy without any significant variation in the depression and anxiety

levels. There is no indication that any of this injured employee's depression and anxiety would relate to the work event. Furthermore, there is no indication that even if it did relate to the work event that the therapy that has been provided and is being recommended is indicated.

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

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)