



Southwestern Forensic
Associates, Inc.

Amended September 15, 2008

REVIEWER'S REPORT

DATE OF REVIEW: 09/07/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Four additional sessions of individual psychotherapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, with over twenty years of clinical experience in the practice of chronic pain management, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine

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:

Medical records from Dr. and Dr., M.A., L.P.C., and radiologic imaging study reports.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured on xx/xx/xx when his left arm was partially amputated as a result of getting caught in machinery. He underwent extensive surgical repair of a large avulsion injury of his forearm on 11/13/06 consisting of debridement of multiple muscles, approximation and repair of the ulnar and median nerves, ligation of the ulnar artery, and a large rotation skin flap. That surgery was performed by Dr. on 11/13/06.

On 10/03/07 the claimant was seen in followup with Dr. for continued complaints of left wrist pain and review of a left wrist arthrogram. It demonstrated slight irregularity of the

distal radial styloid but no ligamentous injury or acute fracture. The arthrogram demonstrated no evidence of TFCC injury and no evidence of intraosseous ligament injury. Dr. recommended recentralization of the index and middle finger extensor tendons to correct deformity of the claimant's left hand.

On 11/13/07 recentralization of the left index finger and left middle finger extensor tendons was performed by Dr..

Ten weeks later the claimant was evaluated by at the request of Dr. to "assess his current emotional status and physical complaints as they pertain to his work injury." Ms. noted that she was also asked "to evaluate his psychologic status as it relates to ongoing treatment planning and to provide recommendations as to his need and suitability for some level of behavioral health intervention. Ms. noted that shortly after the claimant's injury, he obtained a lawyer and transferred his care to the chiropractor. She noted he had undergone electrical stimulation, massage, ice, and heat therapy by the chiropractor, stating, "He notices substantial improvement." She also noted the claimant was still receiving postoperative physical therapy four times a week and was scheduled to follow up with Dr. in approximately one week. Medications were listed as only over-the-counter Tylenol. Ms. noted that the claimant "speaks only Spanish" and is "limited to heavy labor." She also noted the claimant never received "any formal education." Ms. stated that the claimant "does not appear to have sufficient education and literacy to understand and complete a battery of formalized psychologic testing and assessment." She also stated that the claimant's self-reporting levels of pain, frustration, family problems, money problems, insurance problems, etc., were "highly incongruent," stating that this was "possibly secondary to no formal education." Mrs. recommended "immediate referral" for psychotropic medication and "immediate authorization" for a minimum of six weeks of psychologic therapy. Beck Anxiety Inventory and Beck Depression Inventory were administered to the claimant, demonstrating a Beck Depression Inventory level of 15, indicating "mild depression," and a Beck Anxiety Inventory score of 18, indicating "moderate anxiety."

On 06/19/08, quoting the exact same medical history as had been provided for the request for initial six sessions of individual psychotherapy, Ms. re-evaluated the claimant. She noted that the patient's Beck Depression Inventory score was now 22, termed "moderate," and the Beck Anxiety Inventory score was now "normal." She noted the claimant had completed four sessions of individual psychotherapy and recommended four more. As justification, she stated that the claimant was "specifically entitled to healthcare that cures or relieves the effects naturally resulting from compensable injury, or promotes recovery, or enhances the ability of the employee to return to work or retain employment." Initial review recommended nonauthorization of the request based on ODG Treatment Guidelines. A reconsideration was then submitted by Ms. on 07/21/08 in which she stated that the claimant was "now depressed at the condition of his hand and his inability to return to work," restating the Beck Depression Inventory score of 22 and Beck Anxiety Inventory score of 6, which was said to be "normal." She again requested four additional sessions of individual psychotherapy. A separate reviewer recommended

nonauthorization of the request, citing ODG Treatment Guidelines and, “The approach to this patient is not individualized and sensitive to his particular clinical needs.”

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

After having completed four individual psychotherapy sessions, this claimant’s test scores either did not improve (in the case of anxiety) or actually got significantly worse (in the case of depression). Therefore, the treatment being rendered to this claimant cannot be considered effective. Per ODG Treatment Guidelines and TWCC rules, there is no medical reason or necessity for this claimant to undergo more individual psychotherapy. The recommendation for nonauthorization of four individual sessions of individual psychotherapy are, therefore, upheld as being not medically reasonable or necessary treatment as related to the work injury of xx/xx/xx.

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.)