

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Four Sessions of Health and Behavior Intervention, each 15 minutes, face-to-face; individual

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

Clinical psychologist

Member of the 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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured at work on xx-xx-xx. At the time, he was performing his usual job duties as an employee for. On the above mentioned date, he was attempting to lift a table when it fell, resulting in a crush injury to the fingers of his right hand, predominantly the middle finger. After a couple of days of applying home remedies (ice, OTC analgesics), the patient was seen by a company doctor who cleaned and stitched the wound, gave an injection, prescribed medication, and referred for physical therapy. Patient plateaued in physical therapy, with notes indicating patient improved with limitations due to "subjective" complaints. Patient sought care from Dr, who continues to be his treating doctor. Patient has

since returned to work, first at a light duty status, but has progressed to full duty.

Current request is for 1x4 health and behavioral intervention sessions. On 01-26-09, patient was interviewed and evaluated by Ph.D. in order to “assess his emotional status and to determine his behavioral healthcare needs.” Patient was administered the patient symptom rating scale, along with an initial interview and mental status exam.

At the time of the interview, patient rated his pain level at 5/10, with spikes to 9/10, and rated his work interference due to the injury at 4/10. On the PSRS, patient had no clinically significant numbers on subjective questions regarding irritability, muscle tension, nervousness, depression, anxiety, and sleep disturbance. Patient was diagnosed with v62.2 occupational problems after job termination following his work injury. Mental status exam was also within normal limits. Goals listed were primarily to aid patient in improving communication with both his supervisor and his treating physician.

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

The goals for treatment discussed in the medical records provided are difficult to decipher, given that the only standardized tests employed showed no significant subjective levels of distress. The records indicate that any fear the patient has regarding his finger is secondary to the shooting pain he feels, and doesn't seem to be impacting his psychological status at this time. The records indicate the patient has a good relationship with his treating doctor. There is currently no evidence of delayed recovery, as patient has benefited from treatment and is supposedly back to work full duty, although this is contradicted in the Axis I diagnosis.

In addition, the ODG TWC stress chapter states that initial evaluations should “focus on identifying possible red flags or warning signs for potentially serious psychopathology that would require immediate specialty referral. Red flags may include impairment of mental functions, overwhelming symptoms, signs of substance abuse, or debilitating depression. In the absence of red flags, the occupational or primary care physician can handle most common stress-related conditions safely.” Based on the guidelines, the determination that medical necessity could not be established at this time is upheld. The claimant does not meet the guidelines. The reviewer finds that medical necessity does not exist for Four Sessions of Health and Behavior Intervention, each 15 minutes, face-to-face; individual.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)