

SENT VIA EMAIL OR FAX ON
Apr/30/2009

Applied Assessments LLC

An Independent Review Organization

1124 N Fielder Rd, #179

Arlington, TX 76012

Phone: (512) 772-1863

Fax: (512) 857-1245

Email: manager@applied-assessments.com

DATE OF REVIEW:

Apr/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X 6, biofeedback psychophysiological profile assessment (EMG, TEMP, PNG, GSR/SR)

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

Clinical psychologist; Member 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 on xx-xx-xx while performing his regular job duties which caused him to be impacted in the right shoulder/cervical area. On 12/2/09, patient was evaluated by Dr. regarding the cervical area. C-spine MRI has shown C3-6 disk protrusions, 3-4 mm in size. Impression was cervical radicular syndrome, RUE, s/p surgeries x4 to the right shoulder with residual symptoms, and hypertension. Patient is now reported to possibly be looking at a fifth surgery- this one to the cervical area. Current medications include Lyrica, Morphine, Celebrex, Prozac, Ambien, and Lisinoril.

Over the course of his therapy and treatments, patient has received diagnostics and interventions to include: MRI's, surgeries x 4, 20-day CPMP, and medications management, with little overall improvement.

On 08-01-07, a behavioral health evaluation was conducted per referral from the treating physician. At this evaluation, the claimant rated his average pain level at 8/10. BDI was a 19 and BAI was a 13. Since then, he has been administered a pain program and 10 individual therapy sessions. He was re-assessed on 3-4-09, and BDI had escalated to 32, with suicidal ideation. BAI was increased to 21. Sleep was 4 hours per night, with Ambien, and patient still reporting severe cervical and shoulder pain. He states that he "cannot continue to stay in the severe pain...and be able to return to his normal life and gainful employment." Report available for review does not provide a mental status exam, give any AXIS V diagnosis, or discuss psychological progress to date or contain any plan regarding how to accomplish the goals of decreased depressed/anxious mood. Current request is for continued individual psychotherapy 1x6 and PPA.

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

ODG has been adopted by TDI as the evidence-based standard on which all requests for services are evaluated. ODG recommends cognitive-behavioral therapy for depression, stating that "the gold standard for the evidence-based treatment of MDD is a combination of medication (antidepressants) and psychotherapy." However, in this case, there are no stated goals for psychotherapy, no current mental status exam, no testing to look at differential diagnostics, and no discussion regarding why the patient has appeared to fail conservative and tertiary cognitive-behavioral programming, as evidenced by an extreme worsening of symptoms. Until these issues are addressed, this request cannot be considered medically reasonable and necessary.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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