



REVIEWER'S REPORT

DATE OF REVIEW: 12/01/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy one time per week for six weeks

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

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)

Causation to the injury and medical necessity has not been demonstrated.

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. Health Resources evaluations and notes, 8/14/2009 to 10/19/2009

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained what appeared to be a minor work-related head injury. She was seen in an emergency room, and a CT scan of the head was reportedly normal. There is persistent pain and other subjective complaints that are not substantiated. This individual has a long history of psychiatric issues including bipolar disorder and chronic migraines. She is on a plethora of psychotropic drugs and has been that are unrelated to the work injury.

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

This individual has chronic psychiatric issues, and the current symptoms are subjective and have not been shown to be related to the work injury, which appears to be minor. An evaluation by a neurologist is pending. There is no indication for psychotherapy in this patient due to lack of established diagnosis and demonstration of causation by the work-related injury.

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.)