

SENT VIA EMAIL OR FAX ON
Nov/24/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Therapy sessions X 6

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

OD Guidelines

Denial Letters 8/12/09 and 9/18/09

7/13/09 thru 10/19/09

Dr. 6/25/09 thru 8/28/09

Dr. 3/17/09 thru 4/28/09

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. Claimant reports that he was in the process of working at a machine that stamps metal, and as he attempted to adjust the metal disk, the 500 pound machine fell onto his right hand, causing immediate, severe pain. Claimant was seen by the company doctor, and a week later the 4th digit became infected and later had to be amputated. He was fired from his job, and appears to have had difficulty sustaining a job since then. This pain continues to be felt by the patient, and it is described by him as constant with numbness sensations to the right arm. He rates his average pain as 7/10 VAS, and states the pain increases with all right handed activities. PPA conducted on 7/1/09 states that patient "has

been compensating with his left hand in most of his ADL's, favoring his right hand due to pain. During the TOM test, all joints of the right hand are within normal limits with pain in flexion motion...There is weakness noted in the right with the grip test compared to the left. Plan is to begin a course of physical therapy.

Patient has received the following diagnostics and treatments to date: x-rays, MRI, surgery x1, past physical therapy, ENG/NCV (negative) and medications management. Patient is currently prescribed Hydrocodone qd and Flexeril qhs.

On 7/13/09, patient was evaluated by PhD, to determine whether he would be appropriate for a trial of individual therapy. Patient was referred by his treating doctor for significant, persistent pain symptoms, as well as emotional symptoms. An interview with testing was conducted. Results of the BAP-MSQS testing showed patient perceived need for additional medical treatment and narcotic medication to address pain, perceived depression, anxiety, nervousness, and tension due to pain, pain interference with activities, and prolonged time in pain with insufficient recovery. Results of the TSK showed patient falling into the elevated range and indicated excessive, irrational, debilitating fear of physical movement and activity. PAIRS score was 37, indicating a healthy mindset toward disability from pain, BDI was 23 (moderate), and BAI was 22 (moderate). Patient was diagnosed with 309.28-adjustment disorder with mixed anxiety and depressed mood and 307.89 pain disorder. Individual therapy 1x6 was requested. Goals for therapy are: to use cognitive-behavioral therapy to decrease depression and relaxation training to decrease physical tension. Treatment plan also includes increased education and practice of pain management techniques, improved coping skills, reduction of emotional obstacles to increased activity level, and reduction of disability mindset.

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

A diagnostic interview with testing and recommendations was requested by the patient's treating doctor, and has been conducted. The results indicate that patient could benefit from cognitive-behavioral and relaxation interventions aimed at improving coping skills in order to reduce injury-related pain, depressed mood, and disability mindset, in an effort to afford the patient a chance at return to work and a better lifestyle. Patient currently is in a homeless shelter, and needs to find the ability to sustain himself vocationally, socially, and improve his ADL's. The questions that are addressed in this report are directly related to the on-the-job injury. Any other pre-existing diagnoses should be referred to the appropriate agency to handle. A stepped-care approach to treatment has been followed, as per ODG, and the requested evaluation and sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and restricted-work status, with a goal of increased overall physical and emotional functioning. The ODG has been accepted as the standard of care by TDI-TWC, and it is clear that these guidelines, correctly applied, could only lead to the establishment that this request is considered medically reasonable and necessary at this time.

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)