

SENT VIA EMAIL OR FAX ON
Dec/08/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X wk X6 wks

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 10/2/09 and 10/29/09

Injury 9/14/09 thru 10/28/09

IRO Summary 11/23/09

MRI 8/11/09

Electrodiagnostic Results 9/16/09

Dr. 9/2/09

Medical Eval 4/6/09

Dr. 1/22/09

203 pages from URA

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured at work on xx/xx/xx. At the time of the injury, she was performing her usual job duties. Claimant reports that she lifted some merchandise to put it in a bag, and felt a sharp pain in her right wrist and that it started to swell. Patient was seen at the ER, where a splint was applied. She has since begun care to Dr. and remains on light duty work with multiple restrictions. She appears to be currently back at work.

Claimant has received the following diagnostics and treatments to date: x-rays, MRI of the wrist (8/11/08), EMG/NCV (negative), physical therapy (47 visits), carpal tunnel injection, forearm splint (8/1/08) and medications management to include Darvocet, Ibuprofen, Tylenol, Naproxen, and Zyrtec. She is currently (11/23/09), according to IRO summary sheet, diagnosed with right wrist strain/sprain, clinical right carpal tunnel syndrome, clinical right wrist tenosynovitis, and probable TFCC tear f the right wrist. On 4/6/09 she was placed at MMI with a 0% impairment rating.

Treating physician referred the patient for a psychological evaluation to assess appropriateness for conservative individual therapy sessions. On 09-14-09, patient was interviewed and evaluated by LPC-intern, in order to make psychological treatment recommendations. Patient was administered the patient symptom rating scale, BDI and BAI, along with an initial interview and mental status exam. Results led to patient being diagnosed with 309.28 mixed adjustment disorder, secondary to the work injury. Patient currently rates her average pain level as a 4/10VAS, with escalations up to 8/10. BDI was a 14 (mild) and BAI was an 18 (moderate). Patient reports decreases in her ability to do yard work, bathe her daughter, exercise/play sports, and lift/carry more than 15 pounds. She also reports decreased involvement in family activities, feeling abandoned by co-workers, and feeling lonely, ignored, and misunderstood, since the injury. Sleep is also disturbed, with patient sleeping 8 fragmented hours per night, interrupted by pain and numbness in the right forearm. Mental status exam showed dysthymic mood and constricted affect.

The current request is for individual cognitive-behavioral therapy 1x6. Goal is to employ cognitive-behavioral techniques in order to: decrease the patient's low mood, increase her coping skills to improve competence, improve problem-solving, and reduce patient's stated irritability, frustration, nervousness, muscle tension, and sleep problems.

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

A diagnostic interview with mental status, 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 stress management interventions aimed at improving coping skills in order to reduce injury-related pain, irritable/anxious mood, psychosocial issues, and associated fears. 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 reduced-work status, with an overall goal of increased physical and emotional functioning and keeping patient at work. The 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)