SENT VIA EMAIL OR FAX ON
Nov/28/2009

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/25/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 1 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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 9/30/09 and 10/28/09
Injury 9/4/09 thru 10/21/09
MRI 1/24/07
Dr. 7/16/09
Dr. 10/8/09, 9/3/09, 7/29/09 Diagnostics 6/10/08
Dr. 5/22/08-6/10/08
Dr. -4/23/08-4/29/08

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who was injured at work on xx/xx/xx. At the time, she was performing her usual job duties. On the above mentioned date, claimant reports slipping and falling on a cigarette wrapper that was also on a wet floor. Patient's history since that time is not clearly elucidated, but she was in an off-work status for a while, receiving chiropractic treatments for injuries to her cervical, thoracic, and low back. Diagnoses have varied, but accepted diagnosis appears to be strain/sprain. Patient is currently under the care of Dr. and

has returned to work part-time as a hairdresser.

Claimant has received the following diagnostics and treatments to date: x-rays, cervical MRI (unremarkable), EMG/NCV's, physical therapy, chiropractic, individual therapy (13 sessions documented), request for CPMP (denied), and medications management. Pain has increased over the years, and patient's symptoms have "waxed and waned", with patient currently reporting a 9/10 average pain level. She is prescribed Hydrocodone, Lyrica, and Darvocet.

On 09-04-09, patient was interviewed and evaluated by LPC, 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. At the time of the interview, patient rated her average pain level at 8/10, and stated she has less involvement in family and social activities. On the PSRS, patient described difficulties at least an 8/10 level with irritability, anger, worry, muscular tension, nervousness, and sleep. BDI was a 20 and BAI was 30. Sadness/depression was scored as a 4/10. Patient was diagnosed with 296.32 major depressive disorder, 307.89 pain disorder, and 300.01 panic disorder.

The current request is for individual cognitive-behavioral therapy 1x6. Goals are to decrease the patient's "low mood" (BDI decrease from 20 to 15), help patient challenge and replace her negative cognitions, and improve sleep.

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

The goals for treatment discussed above are difficult to decipher because they are based largely on patient self-report, and it is hard to tell if a 4/10 self-rating of sadness corresponds to a BDI of 20. Also, there is no data given about what specific depression symptoms are present to warrant a recurrent MDD diagnosis. Likewise, in 2006, patient's recorded BDI and BAI scores were in the mild ranges. Patient was placed at MMI with a 10% impairment rating in 2007.

After 13 individual therapy sessions, ODG does not recommend more of the same, especially when patient self-report seems to be worsening with every intervention. Given these difficulties, medical necessity cannot be established.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)