



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 12/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy CPT 90806 (1 week 6) or six sessions

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

Texas State Board of Examiners of Psychologist

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 11/17/2009
2. Notice of assignment to URA 11/17/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 11/16/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 11/16/2009
6. letter 10/23/2009, 09/28/2009
7. Appeal 10/14/2009, follow up 10/07/2009, psychiatric eval 09/23/2009, mental health eval 09/10/2009, medical eval 07/23/2009
8. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The employee sustained an injury on xx/xx/xx while working. He was reportedly pulling furniture when he experienced pain in his left elbow and forearm. A mental health evaluation dated September 10, 2009, notes that he was initially evaluated with x-rays and diagnosed with a lateral epicondylitis and an elbow strain/sprain. The injured employee reportedly returned to work at light duty on December 5, 2008. He was then evaluated by an orthopedic surgeon on December 22, 2008, and was diagnosed with left cubital tunnel syndrome and an NCV was recommended. In February 2009, the injured employee was again recommended for an NCV, given Neurontin, and given an elbow splint. He was again recommended to return to work on modified duty. An EMG/NCV conducted in March 2009 reportedly found possible left ulnar inflammatory process. A designated doctor evaluation completed on April 1, 2009, reportedly



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found that the injured employee was not at maximum medical improvement. A recommendation to return to work at sedentary physical demand level was made, and diagnoses were noted to include left cubital tunnel syndrome, lateral epicondylitis, and left elbow strain/sprain. Physiotherapy, work hardening, and a possible evaluation by an orthopedic surgeon were also recommended. Also, in April 2009, an MRI was recommended by the injured employee's new doctor. He was given Tramadol and gabapentin, and he was given the diagnoses of left medial and lateral epicondylitis and left ulnar neuropathy. The recommended MRI reportedly found muscle strain, partial thickness tear, and joint effusion.

In May 2009, the injured employee's doctor recommended an orthopedic consultation and ongoing medication management. An orthopedic surgeon recommended an injection to delay surgery and a home exercise program. In June 2009, the injured employee's doctor noted that he was experiencing anxiety, sleep disturbance, and mood swings. The injured employee received an injection in July 2009 but no improvement was reported. It was noted that the injured employee had at that point not worked in 8 months. An RME conducted on July 23, 2009, stated that the injured employee may be a candidate for an ulnar nerve transplant if his pain is not controlled by medication and injections. The doctor also noted that work hardening and work conditioning may be reasonable and continuation of medications was reasonable. He noted that treatment may proceed to an endpoint in 3-6 months.

In August 2009, the injured employee continued to report high pain levels, depression, anxiety, anger, resentment, and fear. A referral for a psychobehavioral evaluation was made at that time. According to the mental health evaluation, the injured employee presented as anxious and depressed. He reported suicidal thoughts with no intent or plan. His mental status examination was reportedly otherwise normal. It was noted that the injured employee had a previous work-related injury in 2004. He was noted to be very frustrated and to want to return to work and get back to his normal life. Psychological testing revealed a score within the extreme range on perceived pain, severe score on the depression rating scale, mild to moderate score on an anxiety rating scale, and a score indicating that the injured employee perceived himself as crippled regarding his pain. Diagnoses of mood disorder due to a general medical condition and pain disorder were given with a visual analog scale of 58. Six sessions of individual psychotherapy were requested as a result of the evaluation.

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

The previous adverse determination is overturned for the requested individual psychotherapy CPT 90806 (1 week 6) or six sessions. The injured employee has participated in treatment for his injury but is now reporting symptoms of severe depression and mild to moderate anxiety with high pain levels and a high level of perceived pain. The doctor referred the injured employee for treatment of these symptoms, as it appears that these symptoms are impeding his recovery. The injured employee has not reportedly had psychological treatment for this injury, and psychological treatment is recommended per the Official Disability Guidelines. The injured employee has had extensive treatment/evaluations for his injury. He is reporting significant



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symptoms of psychological distress to include depression, anxiety, and high pain levels, which are believed to be interfering with his recovery. Regardless of whether a chronic pain management program is being considered, the injured employee, per Official Disability Guidelines, meets the criteria for participation in individual psychotherapy sessions. The injured employee's doctor, the psychological evaluation, and the psychiatric evaluation all recommend individual psychotherapy.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)