

SENT VIA EMAIL OR FAX ON  
Dec/08/2009

## Pure Resolutions 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 q.o.w. X 4 sessions

**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 10/13/09 and 11/10/09

7/20/09 thru 11/4/09

OP Report 1/29/09

Imaging 8/9/07

Radiology Reports 9/13/07 and 12/21/07

**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 where he had been employed for almost 12 years. Initial evaluation of 7/20/09 states that patient was involved in a MVA when a "car came from the side and the patient veered his semi and cargo to the left to avoid collision. Consequently, his truck rolled over." Claimant was taken to the ER and eventually received treatment in the form of pain injection and x-rays. Patient eventually required surgery, and is being evaluated for another back surgery. Patient was returned to work sedentary duty on as an office administrative assistant in September.

Over the course of her treatment, patient has received x-rays, active and passive therapy, home exercise program, lumbar MRI's (positive), lumbar spine myelogram (9/13/07), ESIs, lumbar discogram (12/21/07), surgery recommended 1/11/08, lumbar fusion, laminectomy decompression at L4-5 completed 1/29/09, post-surgical therapy, Individual therapy x4, and medications management. Patient is currently prescribed hydrocodone 7.5 1-2 po q4h. Patient's pain remains significant, his mood is affected, and he was referred by his treating doctor for behavioral evaluation

On 7-20-09, patient was interviewed and evaluated in order to make psychological treatment recommendations. Patient was administered the BDI and BAI, along with an initial interview and mental status exam. At the time of the interview, patient reported an average pain level of 7/10 with elevations to 10/10. His BDI was a 20, with suicidal ideations, and BAI was a 15. Mental status exam showed dysthymic, anxious, and irritable mood and constricted affect. Patient rates nervousness and worry at 6/10, irritability at 8/10, sadness and depression at 6/10, sleep disturbance at 6/10, and muscular spasms/tension at 8/10. Pain interferes with normal household chores, self-grooming, yard work, caring for children, exercising, and driving for more than 30 minutes, and sitting, standing, or walking for more than 10 minutes.

Patient was appropriately diagnosed with 296.22 injury-related major depressive disorder, single episode, moderate, and 307.89 pain disorder. Plan is to apply cognitive-behavioral interventions in order to accomplish goals of: improved mood and overall improved mental status. Current request is for 4 individual therapy sessions over 8 weeks.

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

A diagnostic interview with mental status evaluation and recommendations has been requested by the patient's treating doctor, and has been conducted. The results indicate that patient could benefit from intervention aimed at teaching coping skills and encouraging reducing pain-focused and disability-related anger and irritability, decreased depression and associated fears in order to improve patient's mental status and increase his chances of a staying at work. A stepped-care approach to treatment has been followed, as per ODG, and the requested additional 4 sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and off-work status with a goal of increased overall physical and emotional functioning.

#### **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)