P-IRO Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (866) 328-3894
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherpy 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 12/9/08 and 1/5/09
Records from 9/25/08 thru ***12/20/08***
MRI 9/25/08

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a xx-year-old male who was injured at work on xx/xx/xx. At the time, he was performing his usual job duties as a . On the above-mentioned date, patient was hit in the back when the forklift operator backed up against him. Patient reports feeling an immediate burning sensation, but was able top complete his shift and continued working for the next four days until the pain interfered with lifting. Patient sought care from Dr. , who continues to be his treating doctor. Patient has since returned to work at a light duty status.

Claimant has received the following diagnostics and treatments to date: x-rays, MRI, physical therapy x 12, chiropractic care, and medications management. Current medications include Ibuprofen, Robaxin, and Norco 40/325 1 qd.

MRI done on 09-25-08 showed .5-1mm bulge at L3-L4; 1-1.5mm disc protrusion at L4-L5 and L5-S1; lumbar hypolordosis; and facet effusion at L5-S1. Recommendation was made for consideration of facet injections. Patient completed physical therapy and subsequently reported a decrease in pain and feeling that his muscles were stronger.

On 11-11-08, patient was interviewed and evaluated by , M.A., 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 his pain level at 3/10, with spikes to 7/10, and stated he has less involvement in family and social activities. He rated his pre-injury level of functioning as 100% and current level as 70%. On the PSRS, patient had no clinically significant numbers, except he rated "muscular tension" at 6/10. BDI was a 0 and BAI was 2, both within normal limits. Patient was diagnosed with 309.24 adjustment disorder with anxiety, secondary to the work injury. Patient reported being able to sit for up to 5 hours, and reports getting 5 hours of restorative sleep per night. Mental status exam states his mood was dysphoric and affect was anxious.

The current request is for individual cognitive-behavioral therapy 1x6. Goals are to "reduce irritability, frustration, anxiety symptoms, and sleep problems", and to "identify, challenge, and replace cognitive distortions that perpetuate and exacerbate patient emotional distress.

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, given that the only standardized tests employed showed no significant subjective levels of distress. Specific goals of utilizing CBT to "reduce the patient's low mood as affective distress reflects feeling overwhelmed by stressors that tax limited coping and problem-solving skills" make no sense, as it is then recommended that part of therapy would be used to assess patient's current coping repertoire. Likewise, the goal of replacing negative cognitions is presumptive, since patient's subjective measures do not evidence negative cognitions.

There is currently no evidence of delayed recovery, as patient has benefited form physical therapy, is back to work light duty, and may need facet injections in the future. Sleep is reported to be "restorative", so the indication that this is a problem that needs to be addressed is difficult to understand.

In addition, the ODG TWC stress chapter states that initial evaluations should "focus on identifying possible red flags or warning signs for potentially serious psychopathology that would require immediate specialty referral. Red flags may include impairment of mental functions, overwhelming symptoms, signs of substance abuse, or debilitating depression. In the absence of red flags, the occupational or primary care physician can handle most common stress-related conditions safely". The determination that medical necessity could not be established at this time is upheld.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)