

SENT VIA EMAIL OR FAX ON
Feb/10/2009

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 sessions of psychotherapy

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 12/10/08 and 1/5/09

Case Notes 12/5/08 thru 1/5/09

Initial Diagnostic Screening 11/13/08

Records from Institute 6/18/08 thru 12/18/08

FCE 7/22/08

Record from Dr. 1/28/08

Record from Dr. 12/10/08

Initial Diagnostic Interview Update 12/23/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year old male who was injured at work on xx/xx/xx while performing his usual job duties as xxxxf for a company. He had been employed in this line of work for approximately 15 years prior to this injury. Patient reports he was, when he slipped and fell, injuring his right shoulder, neck, and low back.

Patient saw a company doctor who recommended return to light duty, but this was not available through his company. Since this time, patient has been off-work due to his injuries.

Since the injury, patient has received conservative, secondary, and tertiary treatments/diagnostics to include: lumbar and cervical x-rays, MRI's, bilateral upper and lower extremity EMG's, discogram, pre-surgical FCE, physical therapy (recently and post-surgical), injections, chiropractic care, rotator cuff surgery (7/23/08), and medications management. Current prescribed medications include Lyrica and Vicodin for pain.

On 9/18/09, patient was evaluated by an orthopedic surgeon at, relative to a possible lumbar spine surgery. The surgeon gave diagnoses of L4-L5 internal disc derangement with posterior disc protrusion and bilateral L5 radiculopathy with motor weakness. He recommended that "The patient at this point in time will be referred for psychiatric consultation in anticipation of lumbar spine surgical procedure."

On 11/14/08, an initial behavioral diagnostic screening was conducted to evaluate and make recommendations regarding patient mental status. With regard to the psychosocial and patient functioning part of the exam, patient rated his medical problem as "extremely severe" and his perception was that his disability was "very much permanent", and that his symptoms were worsening. He rated his pain level as 6/10, with medications. His Beck Depression Inventory of 18 indicated mild-moderate levels of depression. His BDI score increased to 22 on follow-up conducted 12/23/08. His initial Beck Anxiety Inventory of 12 showed mild problems with anxiety, but a month later at follow-up this increased to the moderate range (26). Sleep questionnaire indicated moderate to serious sleep disturbances related to physical pain, stress, and worries about his current situation. MMPI-2 profile revealed many vague physical complaints and numerous somatic concerns, as well as intense anger, agitation, somatic distress, and possible personality deterioration. Patient was given diagnoses of Pain Disorder associated with medical conditions and psychological factors, and adjustment disorder. Axis II diagnosis was deferred. Patient was psychologically cleared for surgery, and current request is for 1x6 individual therapy sessions in order to decrease depression and anxiety, improve sleep, and teach relaxation and pain coping skills.

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

Although patient has failed numerous interventions, he continues to seek help for his documented chronic pain problem. Even though there is obviously a debate ongoing regarding compensability and other issues in this case, patient's overall mental status and functioning are decreasing as treatment is delayed (see ODG Delay of Treatment section). Whether or not another surgery is warranted, the orthopedic specialist followed ODG guidelines when he recommended a psychological screening for the patient, who clearly deserves this low level of intervention at this time, per ODG. As such, current request is considered medically reasonable and necessary to treat the psychosocial symptoms arising from the patient's injury related pain and off-work status, as well as the effect of delayed and disputed treatment, and to prepare him psychologically for the requested surgery, should it be approved.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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