

# Pure Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/26/2009

**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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Denial Letters 11/21/08 and 12/8/08

Records from 10/28/08 thru 12/5/08

Record from Dr. 10/11/08

**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 . On the above mentioned date, while bending over to pick up a heavy tool bag, patient felt a stabbing/burning sensation in his low back. Patient's pain escalated over the next hour, and he sought care from , DC, where he received x-rays and a cold pack treatment. After seeing this doctor for 4 visits, he then saw , DC, and received 12 physical therapy sessions. Patient is presently under the care of , DO who is in the diagnostic phase of treatment, and has given the patient a diagnosis of lumbar strain/sprain and probable herniated disk at L4-5 and L5-S1. He prescribed Norco prn for pain and referred the patient for a behavioral evaluation. Patient has been terminated from his job. Patient continues to be in an off-work status.

Claimant has received the following diagnostics and treatments to date: x-rays, physical therapy, chiropractic care, and medications management. Although patient has been prescribed medications for pain, records indicate he does not feel he needs these at the present time.

On 10-28-08, patient was interviewed and evaluated by , MA, 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. Results indicated that the patient had developed an injury-related sleep disorder, with sleep maintenance insomnia due to pain. Patient currently rates his average pain level as a 3/10VAS with intermittent elevations to 8/10. On the PSRS, patient had no clinically significant numbers, with his highest rating of "nervousness and worry" at 5/10. BDI was 5 (WNL) and BAI was 9 (low mild anxiety).

The current request is for individual cognitive-behavioral therapy 1x6. Goal is to decrease the patient's reported irritability from 4/10 to 2/10, help patient challenge and replace his 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 cannot be considered medically necessary since the patient evaluation showed no evidence of psychopathology, no decreased mental status, no evidence of employment of "cognitive distortions", and no clinically significant levels of depression or anxiety. Sleep interference has not been addressed by the patient's physician, but may be short-lived and respond to a mild OTC or prescribed sleep aide.

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

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)