



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 07/09/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy, one times six weeks, (total six visits)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship trained in Pain Management, Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Medicine with 22 years in the active and current practice of Chronic Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Progress notes from Dr. dated 02/25/09 and 04/06/09
2. Initial Behavioral Medicine consultation, 03/11/09 (with addendum)
3. Psychological testing results dated 04/02/09
4. Physician Adviser recommendations, 05/13/09 and 06/11/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured on xx-xx-xx. He apparently fell two stories while at work, fracturing his left distal fibula. He subsequently underwent five surgeries to his leg, including two to remove hardware because of Staph infection. The claimant was seen by Dr. on 02/25/09 for his complaint of persistent pain and numbness in the left leg. Dr. stated the claimant had undergone an unspecified amount of physical therapy. Dr. noted the claimant was not taking any medication. In the review of systems Dr. stated the claimant was “positive for those of chief complaint.” On physical examination the claimant was noted to be in “no acute distress.” Dr. diagnosis included complex fracture of the left distal fibula, left common peroneal nerve entrapment, neuropathic pain of the

left foot and ankle, and diffuse muscle atrophy of the left lower leg. Dr. recommended physical therapy, electrodiagnostic study, and orthopedic consultation as well as a pain management evaluation.

On 03/11/09 a Behavioral Medicine consultation was performed by, L.P.C. intern. In that evaluation Ms. noted the claimant's pain level of 10/10 described as an aching or stabbing pain with burning and numbness in the left lower leg, ankle, and foot. She noted the claimant was taking only "over-the-counter pain medication." Ms. also noted that the claimant stated he was "drinking more" to cope with pain. Mental evaluation documented the claimant to have a euthymic mood with appropriate affect. She noted the discrepancy between the claimant's euthymic mood and the "severe" Beck scores. She then recommended the claimant undergo psychologic testing. Beck Depression Inventory score was 42, indicating "severe depression," and Beck Anxiety Inventory score was 14, which was said to be indicative of "mild anxiety."

On 04/02/09 Ms. administered psychologic testing to the claimant including MMPI-II. Mrs. also noted that the claimant's Beck Depression Inventory and Beck Anxiety Inventory scores were "incongruent" with his pain ratings. Additionally, Ms. noted that the claimant's answers to the MMPI-II test were "somewhat inconsistent" and that he "tended to endorse items true regardless of their content." This was said to be indicative of "carelessness or inattention to content." The claimant also apparently indicated that he was using alcohol to some excess, but Ms. noted that several phone calls were made to the claimant to obtain specific information of his alcohol usage without success. Ms. did not make any mention of why the claimant was simply not asked about his alcohol use at the time of the initial evaluation or subsequent testing. Additionally Ms. noted the claimant had significant problems with his marriage and stated that they were "possibly important" in understanding the psychologic status. She recommended that the claimant attend six sessions of individual psychotherapy at the clinic that employed her, despite his "acknowledged problems with alcohol." Among the specific goals listed were to "fully assess alcohol usage and impact in current functioning, and if necessary, make necessary referrals to substance abuse treatment available in the community."

On 04/06/09 Dr. followed up with the claimant, making no mention of any psychologic distress. He again reiterated the need for orthopedic consultation and recommended MRI scan as well as starting tramadol and Lyrica. Two separate physician advisers subsequently evaluated the request for six sessions of individual psychotherapy, both recommending nonauthorization.

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

This claimant apparently has admitted to significant alcohol abuse as a means of coping with and dealing with his pain. However, despite this admission, there has been no documentation of any further evaluation regarding the extent of frequency of alcohol use nor to determine whether the claimant has a history of alcoholism or is currently an alcoholic. Additionally, the claimant has had no trial of antidepressant medication despite alleged testing results indicating "severe depression." Finally, there is clear

inconsistency between the claimant's test scores and his clinical presentation as well as clearly documented evidence on the MMPI-II of the claimant likely not answering questions carefully, truthfully, and, therefore, with any sense of validity. Based upon all of that, it is certainly not clear that any valid conclusions can be reached regarding the claimant's mental status from the tests that were administered. Since the claimant has no documentation of psychologic distress nor any documentation of manifestations of psychologic illness, it is entirely possible that the test results as reported do not support an alleged diagnosis of depression or the need for individual psychotherapy. Therefore, the lack of any trial of antidepressant medication is, in my opinion, of even greater importance. According to one of the physician advisers who recommended nonauthorization of the request for individual psychotherapy, the psychologist requesting the individual psychotherapy indicated that the patient reported daily drinking of 180 ounces of wine but did not endorse this as a problem. The psychologist further did not verify with the psychologic intern who performed the testing any of the information about the claimant. The reviewer, therefore, stated that this evaluation "represents a grossly inadequate assessment" and that, therefore, "the claimant has not undergone appropriate evaluation to determine whether he is, in fact, and "appropriately identified patient" according to ODG Treatment Guidelines regarding psychotherapy for the treatment of chronic pain. Therefore, for all of the above reasons, this claimant is not an appropriate candidate for the requested six sessions of individual psychotherapy, and the previous recommendations for nonauthorization are upheld. A claimant who voices no complaints of psychologic distress nor manifests any evidence of psychologic illness does not have medical reason or necessity for individual psychotherapy based solely upon flawed and invalid test results as is the situation with this claimant.

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

(Check any of the following that were used in the course of your review.)

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).

_____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)