

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1xwk x 6wks (90805)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified by the American Board of Psychiatry and Neurology

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 5/7/09, 6/12/09
6/26/09, 5/4/09
8/25/08-3/12/09
Prescription, 1/20/09
IRO Summary, 6/24/09
Employers First Report of Injury or Illness, xx/xx/xx
PPE, 9/9/08, 10/14/08
FCE, 11/17/08, 4/21/09
Electrodiagnostic, 10/24/08
Dr. MD, 11/18/08, 12/16/08, 1/20/09

PATIENT CLINICAL HISTORY SUMMARY

THE PATIENT IS A xx Y.O. MALE WHO INJURED HIMSELF AT WORK ON xx/xx/xx WHEN LIFTING A 50-POUND BOX FROM CHEST HEIGHT. HE WAS FIRST TREATED ON xx/xx/xx WITH CONSERVATIVE TREATMENT. A MRI OF THE LUMBAR SPINE WAS INTERPRETED AS "THERE IS A SMALL RIGHT FORAMINAL PERFUSION AT L5-S1, WITH MODERATE RIGHT FORAMINAL NARROWING." NEURODIAGNOSTIC STUDIES SHOWED NO EVIDENCE OF ABNORMALITY. ON 9/3/08, PATIENT SAW DR. WHO NOTED THERE WAS NO CLINICAL EVIDENCE OF NEUROLOGIC DEFICITS. HE WAS STARTED ON A HOME EXERCISE PROGRAM ON 10/10/08. HE WAS REFERRED TO

DR. FOR EVALUATION AND TREATMENT OF THE LUMBAR SPINE WHO RECOMMENDED SPINAL EPIDURAL BLOCKS. A FUNCTIONAL CAPACITY EVALUATION ON 4/21/09 DETERMINED THE FOLLOWING: "POOR PAIN MANAGEMENT SKILLS; DECREASED TOLERANCE TO FUNCTIONAL ACTIVITIES, DECREASED TOLERANCE TO PROLONGED SITTING, STANDING AND WALKING, DISABLED SELF PERCEPTION, SIGNS OF FEAR OF RE-INJURY AND/OR EXACERBATION, AND MILD LEVELS OF DEPRESSION AND ANXIETY."

A PSYCHOLOGICAL ASSESSMENT ON 5/4/09 SHOWED CONSTANT WORRY ABOUT FINANCES, FAMILY CONFLICT STRESS OVER FINANCIAL PROBLEMS, MINIMAL TO MILD ANXIETY AND DEPRESSION. IT WAS REQUESTED THAT HE RECEIVE 6 CBT SESSIONS TO DEAL MORE EFFECTIVELY WITH EVERYDAY CHALLENGES AND PSYCHOSOCIAL STRESSORS, EDUCATE HIM ABOUT THE EFFECTS OF EMOTIONAL DISTRESS ON THE HEALING PROCESS AND ASSIST HIM IN CHANGING HIS UNDERSTANDING OF PAIN AND TEACH HIM ALTERNATIVE METHODS OF PAIN MANAGEMENT. THE INSURANCE REVIEWER DENIED THIS REQUEST STATING "THERE IS LITTLE TREATMENT NOTED TO DATE AND THE PATIENT HAS NOT REPORTEDLY ATTEMPTED TO RETURN TO WORK DESPITE REPORTEDLY HAVING A JOB TO RETURN TO. GIVEN THE PATIENT'S LOW REPORTED LEVELS OF PSYCHOLOGICAL DISTRESS, THE REQUEST DOES NOT APPEAR TO BE REASONABLE AND NECESSARY."

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

RECORDS INDICATE THIS PATIENT SHOWED FEW DIAGNOSTIC SIGNS OF INJURY IN THE MONTHS FOLLOWING HIS ACCIDENT, INCLUDING ONLY MILD FINDINGS ON THE MRI, ON PHYSICAL EXAM, AND NEGATIVE FINDINGS ON NEURO-DIAGNOSTIC TESTS. MORE RECENTLY, HIS SYMPTOMS ARE ESCALATING, AND MORE INVASIVE TREATMENT (EPIDURAL INJECTIONS) ARE BEING CONTEMPLATED. GIVEN THE ESCALATION OF SYMPTOMS WITH LITTLE PHYSICAL BASIS, THE REVIEWER AGREES WITH THE PROVIDERS THAT PSYCHOLOGICAL FACTORS MUST BE STRONGLY CONSIDERED. THE FUNCTIONAL CAPACITY REPORT AND THE PSYCHOLOGICAL INTERVIEW BOTH SHOW THAT THIS PATIENT IS UNDER STRESS AND IS AFRAID OF REINJURING HIMSELF. ODG GUIDELINES CLEARLY INDICATE THAT PSYCHOLOGICAL INTERVENTION SHOULD BE TRIED IN SUCH AN INDIVIDUAL. THE REQUEST MEETS THE GUIDELINES. THE REVIEWER FINDS THAT MEDICAL NECESSITY EXISTS FOR Individual Psychotherapy 1xwk x 6wks (90805).

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)