



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 06/23/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy, one times six weeks; biofeedback training, one times six weeks

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., 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 over 22 years of clinical experience in the active and ongoing 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. Initial evaluation and consultation, Dr., 12/16/05
2. Lumbar MRI scan, 12/21/05
3. Left shoulder MRI scan, 02/16/07
4. Behavioral Medicine consultation by, L.P.C., 04/02/09
5. Physician adviser recommendations
6. Reconsideration submitted by, 04/28/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured on xx-xx-xx when a shelf that she was putting up fell, hitting her on the left side of her body and knocking her down. She was initially evaluated by Dr. on 12/16/05, approximately nine months after the injury, complaining of pain in her left face, intermittent pain in the left ankle, constant pain in her left shoulder, and tightness and pain in the back of the right thigh. Dr. noted the claimant stated she

had undergone six or seven sessions of physical therapy. The claimant had a significant medical history of having undergone unspecified total knee replacement as well as history of hypertension and diabetes. Her medications at the time were Norvasc, a hypertensive, and Diabinese, a diabetic medication. Physical examination documented the claimant to have drooping on the left side of her face with a sunken appearance. She had cervical spasm on the left, decreased range of motion of the left shoulder, and decreased lumbar range of motion with left-sided spasms. Motor, sensory, and reflex exams were negative. Straight leg raising test was negative. Dr. recommended MRI scans of the face and left shoulder.

A lumbar MRI scan was performed on 11/21/05, demonstrating multiple levels of chronic disc degeneration superimposed on ligamentum hypertrophy and posterior element hypertrophy causing moderately severe canal stenosis and neural foraminal stenosis on the left at L5/S1 and bilaterally at L4/L5. Diffuse annular bulges were noted from L2/L3 through L5/S1, as well.

On 02/16/07, a left shoulder MRI scan was performed, almost five years after the alleged injury. It demonstrated tears of the supraspinatus and possible subscapularis tendons, subdeltoid bursal fluid, and subacromial bursitis.

On 04/02/09 the claimant was evaluated by for a “behavioral medicine consultation” at the request of Dr. In that evaluation, Ms. noted that the claimant had undergone a CT scan of the face on 11/21/05, demonstrating only chronic nasal mucosal abnormality and slight septal deviation with mild mucosal thickening of the left maxillary sinus. She also noted the claimant had pending appointments with a neurosurgeon, orthopedic surgeon, and chronic pain management physician. Medications at the time were tramadol 50 mg q.i.d. and naproxen 500 mg q.i.d. The claimant complained of numbness from the neck to the left shoulder, stabbing pain in the lumbar spine going to the left leg, and a pain level of 9/10. The claimant quantified her symptoms of nervousness, worry, sadness, depression, sleep disturbance, forgetfulness, and poor concentration as only 1/10. She also had Beck Depression Inventory and Beck Anxiety Inventory performed with scores respectively of 2 and 11, indicating minimal depression and only mild anxiety. Ms. stated that these results were incongruent with the claimant’s subjective level of pain and subjective report of disability, and in her evaluation, tried to downplay the test results in favor of the subjective claimant reports. Ms. recommended six “additional” psychotherapy sessions and six biofeedback sessions, indicating apparently that the claimant had already undergone individual psychotherapy previously.

Two separate physician advisers reviewed these requests, both recommending nonauthorization. One adviser on 04/14/09 noted the claimant had undergone four individual psychotherapy sessions in September 2008 with no significant improvement and the claimant’s current report of lack of significant distress.

wrote a letter of reconsideration on 04/28/09, quoting ODG Guidelines stating that biofeedback was not recommended as stand-alone treatment “but recommended as an option in a cognitive behavioral therapy program.”

After the reconsideration, a second physician adviser continued to recommend nonauthorization based on previous lack of results from individual psychotherapy.

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

Despite the claimant's purely subjective complaints of pain and disability, objective test results clearly indicated that the claimant had no significant psychologic problems or distress. Objective testing, in my opinion, always trumps subjective complaints. Moreover, the claimant has already apparently undergone four sessions of individual psychotherapy in September 2008, clearly obtaining no significant clinical benefit based on her ongoing subjective complaints. Additionally, ODG Treatment Guidelines clearly do not support biofeedback as therapy except as part of a "cognitive behavioral therapy program." This claimant is not being recommended for any such program, only additional individual psychotherapy in conjunction with biofeedback. Therefore, since the claimant has already had a trial of individual psychotherapy with no demonstrable benefit, currently demonstrates no objective evidence of psychopathology, psychologic distress, or significant anxiety or depression, and is not being recommended for a comprehensive cognitive behavioral program in conjunction with biofeedback, there is no medical reason or necessity per ODG Treatment Guidelines for the requested six additional sessions of psychotherapy or six sessions of biofeedback. The recommendation of the two previous physician advisers for nonauthorization of these requests, therefore, are upheld. The requests are not medically reasonable or necessary for treatment of the work injury of 03/10/05.

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.)