



Medwork Independent Review

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DATE OF REVIEW: 05/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 1 x 6 weeks (90806 IPT)

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

Texas State Licensed MD Board Certified Psychiatry & Neurology physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment 04/14/2009
2. Notice to URA of assignment to IRO 04/14/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 04/13/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 04/10/2009
6. UR prospective reconsideration review 04/02/2009
7. UR prospective initial review 03/09/2009
8. Environmental intervention request 04/01/2009
9. Reconsideration preauth request 03/30/2009 w pt info sheet
10. Environmental intervention request 03/06/2009
11. Pre auth request 03/05/2009
12. Medical note 03/05/2009
13. Referral 02/24/2009
14. Medical note 02/23/2009, 02/12/2009
15. Texas Workers' Compensation Work Status Report 02/12/2009, 01/08/2009
16. Medical note 01/08/2009
17. Environmental intervention request 01/02/2009
18. Medical note 12/11/2008
19. Texas Workers' Compensation Work Status Report 12/11/2008
20. Medical review 11/17/2008
21. TDI letter 11/20/2008
22. TDI letter of clarification extent determined 11/13/2008



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23. Medical note 10/30/2008
24. Texas Workers' Compensation Work Status Report 10/30/2008
25. TDI decision & order 10/06/2008
26. Medical note 09/04/2008
27. Texas Workers' Compensation Work Status Report 09/4/2008
28. Medical note 08/13/2008
29. Texas Workers' Compensation Work Status Report 08/13/2008
30. Diagnostics letter 07/03/2008
31. Treatment summary 06/27/2008
32. Independent review 06/26/2008
33. Medical note 06/19/2008
34. Texas Workers' Compensation Work Status Report 06/19/2008
35. Medical review 06/10/2008
36. Lab report 05/20/2008
37. Environmental intervention 05/16/2008
38. NCV/EMG 05/15/2008
39. Reconsideration preauth request 05/12/2008
40. Preauth 04/28/2009 & medical note 04/28/2008
41. Medical note 04/23/2008
42. Texas Workers' Compensation Work Status Report 04/23/2008
43. Medical note 04/22/2008
44. Functional capacity test 04/17/2008
45. Psychotherapy note 04/11/2008, 04/04/2008
46. Evaluation 04/04/2008
47. Chronic pain management 03/31/2008 & medical note 03/26/2008
48. Texas Workers' Compensation Work Status Report 03/28/2008
49. Medical note 03/24/2008
50. Psychotherapy note 03/21/2008, 03/12/2008, 03/07/2008
51. Environmental intervention 03/03/2008
52. Prescription 02/29/2008
53. Medical note 02/27/2008
54. Texas Workers' Compensation Work Status Report 02/27/2008
55. Behavioral medicine consult 02/15/2008
56. Medical note 02/13/2008
57. Texas Workers' Compensation Work Status Report 02/13/2008
58. TDI letter of clarification additional medical post DD appt 02/12/2008
59. PT eval 02/11/2008
60. Medical note 02/06/2008, 01/11/2008, 11/09/2007, 09/07/2007, 07/27/2007, progress note 06/01/2007
61. Labs 10/18/2007
62. Notice of disputed & refusal to pay benefits 04/12/2007
63. Medical note 03/06/2007, 03/02/2007
64. Report of medical eval 03/02/2007



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65. Neck disability index 03/02/2007
66. Medical note 09/26/2006
67. Therapy progress notes 2005 12/06, 12/02, 11/29, 11/21, 11/15, 11/10, 11/09, 11/04, 11/01, 10/25, 10/18, 10/11, 10/06, 10/04/, 09/25, 09/23, 09/22, 09/12, 09/08, 09/02, 08/29, 08/26, 08/25, 08/22, 08/12, 08/08, 08/04, 08/02, 07/26, 07/25, 07/22, 07/19, 07/18, 07/15, 07/14, 07/11, 07/08, 07/07,
68. Medical note 09/26/2005
69. Texas Workers' Compensation Work Status Report 08/29/2005
70. Medical note 05/12/2005, 04/20/2005, 03/23/2005, 02/28/2005, 02/16/2005, 02/02/2005, 02/01/2005, 01/31/2005
71. Associate statement 01/31/2005
72. Texas Workers' Compensation Work Status Report 01/28/2005
73. First report of injury
74. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The injured worker has a date of injury of xx/xx/xx, when a coworker hit her on the back of her head while at work and then a 50-pound box fell on her head while working. She was evaluated for complaints of neck pain and headaches and treated with medications and physical therapy for her pain complaints. MRI of the head was normal. The claimant was diagnosed shortly after the injury with possible effects of a concussion that was mild. She continued to have ongoing complaints of pain that were thought to be inconsistent with the nature and type of injury. The claimant has been prescribed Cymbalta, Lyrica, and Darvocet N-100 tablets for pain.

The claimant had a prior history of psychiatric problems, including depression and an anxiety disorder. She was diagnosed, as well, with major depressive disorder, panic disorder, and posttraumatic stress disorder on March 20, 2007. Despite treatment for her pain complaints, she persisted with subjective pain complaints and was evaluated by the Injury Clinic and diagnosed with pain disorder associated with both psychological factors and general medical condition secondary to the work injury with a GAF of 58 in 2008. She underwent six sessions of cognitive behavioral therapy without improvement. A recommendation for a chronic pain program was requested and denied by the carrier. The claimant had past treatment at MHMR for a depressive disorder. The behavioral health intake update by the Clinic dated xx/xx/xx, indicates that the physician referred her for evaluation to determine her suitability for some sort of low-level behavioral treatment. She underwent a diagnostic interview, mental status exam, behavioral observations, patient symptom rating scale, and pain drawing. That evaluation again diagnosed her with a pain disorder with both psychological factors and a general medical condition secondary to her work injury with a GAF of 55. The recommendation was for a brief course of individual psychotherapy using cognitive behavioral therapy, autogenic, and progressive muscle relaxation with provided imagery. This is identical to the prior treatment request, which failed to provide substantial benefit to the claimant.

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

The records reviewed document the claimant as having subjective symptoms of anxiety and depression that are both preexisting this injury, as well as present post-injury, with excessive and



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severe pain complaints that are out of proportion to the type of injury. The claimant has not responded to any treatments provided to date. Particularly, she underwent six sessions of cognitive behavioral therapy in the past without substantial benefit. To repeat this treatment when it was unsuccessful in the past is not medically necessary or consistent with the Official Disability Psychotherapy Guidelines. This individual is not likely to respond to a repeat of psychotherapy. The web-based Official Disability Guidelines for cognitive therapy for depression state, "An initial trial of six visits over six weeks with evidence of objective functional improvement, a total of over 13 to 20 weeks of individual sessions." This claimant has not demonstrated in the past any evidence of objective functional improvement with psychotherapy. Therefore the request for another round of six visits over six weeks is not consistent with Official Disability Guidelines or medically necessary.

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

- 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 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)