



Medwork Independent Review

5840 Arndt Rd., Ste #2
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

09/22/2009

DATE OF REVIEW: 09/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient psychotherapy time six (6) sessions over eight (8) weeks

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

Texas State Board of Examiners of Psychologist

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 to Medwork 09/03/2009
2. Notice of assignment to URA 09/03/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 09/02/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 09/01/2009
6. determination letter 08/20/2009, 07/30/2009, 07/29/2009
7. notice of disputed issues 04/09/2008, 02/11/2008, 08/08/2005, 07/08/2005
8. Preauth rqst 09/01/2009, procedure note 08/26/2009, radiology 08/24/2009, encounter summary 08/24/2009, appeal rqst 08/13/2009, preauth rqst 07/31/2009, preauth rqst 07/28/2009, psychotherapy 07/27/2009, sonogram 07/27/2009, op report 07/17/2009, medical note 07/14/2009, 07/06/2009, re-eval summary 07/06/2009, medical note 06/25/2009, psychotherapy 06/25/2009, 07/01/2009, op report 06/19/2009, medical note 06/18/2009, re-eval summary 06/18/2009, psychotherapy 06/15/2009, medical note 06/03/2009, 05/26/2009, op report 05/22/2009, re-eval summary 05/14/2009, psychotherapy 05/10/2009, psychological assessment 05/08/2009, radiation onc progress note 05/01/2009, medical note 04/27/2009, encounter summary 04/13/2009, re-eval summary 04/08/2009, medical note 03/03/2009, op report 02/13/2009, medical note 02/03/2009, radiation onc progress note 01/05/2009



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9. Medical note 12/22/2008, re-eval summary 12/22/2008, letter 11/03/2008, medical note 11/03/2008, 08/27/2008, letter 08/11/2008, medical note 08/11/2008, re-eval summary 07/28/2008, medical note 07/28/2008, letter 07/25/2008, medical note 05/15/2008, letter 05/12/2008, radiation onc consult 04/24/2008, MRI 04/24/2008, procedure note 04/23/2008, medical note 04/21/2008, radiation onc consult 04/18/2008, letter 03/11/2008, medical note 01/31/2008, 01/16/2008, re-eval summary 01/16/2008
10. Medical note 12/04/2007, DD eval 09/20/2007, medical note 09/17/2007, admit notes 08/21/2007, medical note 07/25/2007, letter 07/23/2007, consult 06/11/2007, medical note 05/22/2007, 05/14/2007, op report 04/25/2007, DD eval 04/19/2007, medical note 04/17/2007, 04/16/2007, 02/08/2007, 01/08/2007
11. OP report 11/13/2006, letter 05/08/2006, op report 04/28/2006, report of medical eval 03/10/2006, clinical eval 03/08/2006, op report 01/06/2006
12. OP report 12/02/2005, 10/07/2005, 09/23/2005, MRI 07/18/2005, initial assessment records 07/16/2005, op report 07/12/2005, ultrasound 06/30/2005, ER records 05/08/2005, ER records 03/21/2005, MRI 01/11/2005
13. Radiology 12/11/2004
14. TDI workers' compensation forms 09/20/2007, 07/24/2007, 04/19/2007, 04/02/2007, 01/05/2006
15. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The injured employee reportedly sustained an injury on xx/xx/xx, while working . She was reportedly walking behind a client who stopped and swung her arm around and hit the injured employee on her cheek, causing a reported injury to her trigeminal nerve. She was seen the next day and discharged the same day with a pain level of 3/10 and medications to include amitriptyline and Ultracet. The patient has had extensive treatment for her injury.

A note on September 1, 2009, requesting continuation of individual therapy to assist with continued depression and anxiety symptoms was reviewed. Mindfulness techniques were reportedly utilized during individual therapy. The note states that the employee reports these techniques were effective. It states it is necessary to strengthen her ability to utilize techniques through individual psychotherapy.

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

There is insufficient evidence to establish necessity of ongoing treatment given the lack of objective evidence of improvement as referenced in the ODG guidelines therefore the decision is upheld. She was not referred for psychological treatment until years after her injury. The patient has completed six individual therapy sessions to date. The notes submitted include checklists with minimal detail, and the request letters for individual psychotherapy include primarily subjective information but do not clearly identify evidence of improvement or an objectionable measurable treatment plan for continued treatment as recommended per the Official Disability Guidelines.



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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 KNOWLEDGBASE
- 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)