

# Applied Resolutions LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/17/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Individual Counseling 2 X 3

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

Clinical psychologist; Member American Academy of Pain Management

**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**

OD Guidelines

Denial Letters 6/22/09 and 7/16/09

Claims Management 8/28/09

5/8/09 thru 7/22/09

4/29/09 thru 7/9/09

Dr. 5/4/09

CT Lumbar 4/9/09

4/15/09

MRI 6/25/09

5/8/09

7/22/09

Independent Medical Examination 4/8/09

URA 10/08 thru 8/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a xx-year-old female who was injured at work on xx/xx/xx. At the time, she was performing her usual job duties as a for , where she had been employed for the last 6 years. She was in the process of getting down from a lift ladder, when she fell on to a

concrete floor, experiencing LOC. She was transported by ambulance to the ER, where she was treated and released. She continued to work full time, light duty for the next 4 months, when pain and increased disability necessitated an off-work status. She has since not returned to work.

Claimant has received the following diagnostics and treatments to date: X-rays, Lumbar MRI's (positive for L3-4 6-7 mm disc protrusion), EMG/NCV (positive for slight nerve damage in the left foot), and medications management. Medication history has included Tylenol #3, Skelaxin, Lidoderm, Acetaminophen, and Tramadol. IME conducted 4/8/9 showed patient ascribed to sleep disturbance, anxiety, and depression. He concluded, "...the claimant's current symptoms are related to the original work injury." He recommended follow-up with her treating physician after final lumbar MRI conducted.

Patient has subsequently been referred for a psychological evaluation to assess appropriateness for individual therapy. On 6/10/09, patient was interviewed and evaluated by Healthcare Systems in order to make psychological treatment recommendations. As a result, patient was diagnosed with 307.89 chronic pain disorder, 311.0 depressive disorder, and 300.0 anxiety disorder.

Results of the testing and interview show that patient continues to struggle with pain at an average 7/10 level. Patient's BDI was a 37 and BAI was a 42, both in the severe range. Mental status showed patient's mood as depressed without psychosis and her affect including irritability and crying spells. Patient reports weight increase since the injury, sleep of 2-3 hours per night, and difficulties with ADL's to include housework, driving, and bathing. Patient is ambulating with a cane and FCE showed PDL at a sedentary level. Patient has no pre-existing significant mental health issues and expresses motivation to return to work.

Goal is to employ cognitive-behavioral training to address depression, anxiety, subjective pain complaints, and poor sleep. Positive coping strategies will be introduced along with patient education regarding the biopsychosocial aspect of chronic pain.

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

A diagnostic interview with testing and recommendations was requested by the patient's treating doctor, and has been conducted. The results indicate that patient could benefit from cognitive-behavioral interventions aimed at improving coping skills in order to reduce problems with sleep, depression and anxiety. A stepped-care approach to treatment has been followed, as per ODG, and the requested evaluation and sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and off-work status with a goal of increased overall physical and emotional functioning.

#### **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 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)