

SENT VIA EMAIL OR FAX ON
Jul/29/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X wk X 4 wks

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 5/25/10 and 6/23/10

Injury 1 3/25/10 thru 6/21/10

IRO Summary 3/20/09

DDE 3/20/09

Dr. 9/10/09 thru 9/23/10

PPB 9/22/09

Pain 10/7/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured at work on xx/xx/xx. At the time, she was performing her usual job duties as an employee. IRO review records indicate she was attempting to lift a box weighing 101 pounds onto a pallet jack. As the box slipped, records indicate she unsuccessfully tried to catch it, but ended up falling with it, and immediately felt a pain in her low back with radiation into her hip and left LE. She was taken to the company doctor where she was given x-rays and prescribed Hydrocodone, Celebrex, Diazepam and physical therapy. Patient attempted to continue to work, but had to go off work in January 2009 due to increased pain. She continues to report and receive treatment for pain, functional limitations, ensuing depression and anxiety. Since 2009, she has not returned to work.

Claimant has received the following diagnostics and treatments to date: X-rays (11-07, 1-08, and 12-09), lumbar MRI (5-08) EMG (9-09), physical therapyx30 with last visit on 7-09, FCE (9-09), lumbar facet blocks (10-09), referrals and consults 11-07 through current) and medications management. Medications include Hydrocodone, Diazepam, Naproxen, Cymbalta, and Celebrex.

Patient has subsequently been referred for a psychological evaluation to assess appropriateness for individual therapy. On 03/25/10 and 04/09/10, patient was interviewed and evaluated by, LPC, in order to make psychological treatment recommendations. As a result, patient was diagnosed with chronic pain disorder and major depressive disorder, severe without psychotic symptoms, secondary to the work injury. Results of the testing and interview show that patient is apprehensive, anxious, somatically focused, and fearful of increased activities, and continues to struggle with suicidal ideation and pain at an average 5-6/10 level. Patient's BDI was a 34 and BAI was a 45. ADL's are limited still, and patient reports her level of overall functioning prior to her injury as 100% vs. 40% currently. Mood was reported as dysphoric on mental status exam. Patient reported high levels of frustration, anger, nervousness, worry, sadness, and sleep difficulties, since the injury and off-work status. GAF is currently 50 and estimated to be 81+ before the injury. Goal is to employ cognitive-behavioral and relaxation therapy to address the above issues. Request is for 4 individual psychotherapy sessions, one time a week for six weeks.

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. Patient is in the tertiary stages of treatment, and was recommended to have this type of intervention during the DD exam of March 20, 2009 when he stated that patient "meets the 8 characteristics of chronic pain", and "may be a candidate for a chronic pain program". ODG promotes early intervention and encourages this minimal level of treatment at this point in order to increase the chances of return to work for this type of patient. In concurrence with the peer reviewer, this low level of intervention after these severe delays in addressing the psychosocial evidence will probably not be addressed with just these first 4 IT sessions, and patient will probably need to progress to the previously recommended (per RME) chronic pain program.

The results of the psych interview and testing indicate that patient could benefit from cognitive-behavioral interventions aimed at improving coping skills in order to reduce problems with sleep, anxiety, and psychosocial issues. 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. The request is medically necessary.

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)