SENT VIA EMAIL OR FAX ON
Jul/26/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1. individual psychotherapy 1 X wk X 6 wks 2. biofeedback therapy 1 X 6 weeks (EMG, PNG, and TEMP)

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 5/27/10 and 6/22/10
Injury 1 3/22/10 thru 4/19/10
Dr. 3/22/10 thru 5/10/10
Dr. 2/24/10 thru 6/15/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who was injured at work on xx/xx/xx. At the time, he was working, when he injured his low back and neck. Patient reports receiving x-rays, MRI, and CT scan at the time, as well as physical therapy, injections, and prescription medication. Records seem to indicate patient returned to work for a period of time, but is currently off work again due to cervical and low back pain. Recent MRI's show ruptured discs from C3-7 and L1-S1. He has received ESI's that have not helped with the pain. Current medications include Tramadol ER and Lyrica. Psychotropic medications are not mentioned.

Patient has apparently subsequently been referred for a psychological evaluation to assess appropriateness for individual therapy. On 4-19-10, patient was interviewed and evaluated by in order to make psychological treatment recommendations. As a result, patient was diagnosed with 307.89 pain disorder associated with both psychological factors and a general medical condition. Request is for individual therapy and biofeedback 1x6.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Patient has a history of ADHD and bipolar disorder. Although the current evaluation shows severely elevated BDI and BAI scores, as well as elevated FABQ and high subjective pain

levels, there is no history presented for the last 7 years, from initial time of injury that would allow distinction between a pre-existing condition and one related to the work injury. Mental status exam shows disheveled and detached patient with blunted affect and dysthymic mood. Patient expressed severe levels of irritability, restlessness, frustration, anger, nervousness, and depression. There is no clear indication that this symptom picture is not related to the pre-existing bipolar disorder. Consultation with, and referral back to the patient's general treating psychiatrist and psychotherapist should already have been accomplished according to ethical standards of care. Biofeedback is not indicated outside a formal program.

Given these difficulties with the case, medical necessity for the requested services cannot be established.

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 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)