



Notice of Independent Review Decision

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**DATE OF REVIEW:** 12/18/09

**IRO CASE #:**

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

Individual psychotherapy times six sessions over a ten-week period

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified by the American Board of Physical Medicine and Rehabilitation and member of North American Spine Society

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.0	90806		Prosp.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

- TDI case assignment
- Letters of denial, 08/25/09 and 09/18/09 including criteria used in denial and IRO summary
- PM/R initial consultation, 06/26/09 and followup 06/27/09, 08/24/09, and 10/19/09
- Physical Performance Evaluation, 06/29/09
- Assessment 07/01/09, 07/08/09, 07/09/09, and 07/16/09
- Behavioral Medicine evaluation, 07/27/09
- Request for preauthorization, 08/10/09 and appeal 09/14/09
- Physical Assessment and Evaluation, 10/21/09, and request for IRO review

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This is an injured employee who has a history of a work-related accident while employed . In the records provided, this patient reported she was at work and was working on the sugar isle and placed her foot under, which got caught and caused her to fall. When she did fall, she reported landing on her buttocks as well as hitting her left elbow, shoulder, and left ankle. This date of injury was xx/xx/xx, and the patient

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was off work until xxxx. The patient went on to develop chronic pain. Her diagnosis in the provided medical records includes history of left ankle fracture, cervical disc disorder, and lumbar disc disorder. She has undergone multiple therapies as well as Functional Capacity Evaluation. She has also undergone behavioral medicine evaluation, which was comprised of multiple testing modalities including anxiety and depression and behavioral assessment of pain and medical stability. The results of that testing point toward significant psychological distress manifested by symptoms of depression, suicidal ideation, anxiety, fear and avoidance of activity, self-perceptions of disability, and preoccupation with persistent debilitating pain.

This patient reportedly has been followed by MHMR with a likely diagnosis of bipolar or major depressive disorder.

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

Using the Official Disability Guidelines and Treatment Guidelines as well as the published reviews of chronic pain treatment algorithms, this patient will not benefit from a single modality of individual psychotherapy to improve her multifactorial chronic pain and mental health issues.

To provide this patient with the best potential outcome, she should be considered for an inpatient comprehensive interdisciplinary pain rehabilitation program. In addition to the ODG Guidelines, one may refer to the Mayo Clinic proceedings peer-reviewed published materials on chronic pain rehabilitation outcomes.

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

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, 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 national accepted medical literature: Mayo Clinic proceedings
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)