

SENT VIA EMAIL OR FAX ON
Jan/03/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy X 6 sessions over 6 weeks

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

The records are:

Denial Letters 12/2/09 and 11/2/09

Initial Diagnostic Screening 11/22/09 and 9/27/09
10/28/09

Dr. 5/9/09 thru 10/28/09

10/8/09

Dr. 11/5/09-

Dr. 4/3/09 thru 11/13/09

Upper Extremities Nerve Testing 10/11/09

Dr. 5/18/09 and 5/19/09

Radiology Reports 9/22/09 and 4/10/09

PPE 9/15/09

4/16/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured at work on xx/xx/xx. At the time of the injury, he was performing his usual job duties. Claimant reports that he was lifting furniture on his own, as they were short-handed that day, and the next day began feeling pain in the middle of his back. He was evaluated by the company doctor, given a prescription, and sent back to work. However, he was unable to sustain this secondary to pain, and was taken off work by his primary physician. He continues to remain in an off-work status.

Claimant has received the following diagnostics and treatments to date: x-rays (spondylosis), cervical MRI (positive for C3-4 and C4-5 central disc bulge), thoracic MRI (positive for T7-8 disk herniation with annular herniation), neurological eval, orthopedic eval (non-surgical), physical therapy, ESI's, ER visits (panic attacks) and medication management to include Darvocet, Soma, Lexapro, and Ibuprofen. He is currently diagnosed with cervicalgia, cervical radiculopathy, cervical herniated nucleus populous, pain adjustment disorder, and thoracic pain.

Treating physician referred the patient for a psychological evaluation to assess appropriateness for conservative individual therapy sessions. Patient was interviewed and evaluated by Cassandra Limon, MS-intern, in order to make psychological treatment recommendations. Patient was administered a battery of tests, along with an initial interview and mental status exam. Results led to patient being diagnosed with 309.28 mixed adjustment disorder, secondary to the work injury. Patient scored a 34 on the McGill Pain Questionnaire, indicating a moderate reaction to pain, scored his pain at a 10/10, with medications. He scored a 24/44 on the FABQ, showing patient is experiencing elevated levels of fear related to his injury. Oswestry was a 62%, indicating a disability perception. BDI was a 30 (severe) and BAI was a 24 (moderate). Patient reports problems with his self-image, and with his ability to lift, sit, stand, socialize, sleep, and be physically active. Mental status exam showed depressed and frustrated affect. Patient was diagnosed with 309.26 Adjustment disorder with mixed anxiety and depression. And V62.3 Occupational problems.

The current request is for individual cognitive-behavioral therapy 1x6. Goal is to employ cognitive-behavioral, problem-solving, coping skills training, and relaxation techniques in order to: decrease the patient's anxious/depressed symptoms, increase patient's functional competence, and reduce patient's stated fears, frustration, and sleep problems.

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

A diagnostic interview with mental status, 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 and stress management interventions aimed at improving coping skills in order to reduce injury-related pain, irritable/anxious/depressed mood, psychosocial issues, and associated fears. ODG recognizes that pain syndromes are a bio-psycho-social problem and that depression is often a component that needs to be assessed and dealt with (see below). A stepped-care approach to treatment has been followed, as per ODG, and the requested initial 6 sessions of individual therapy are reasonable and necessary to treat the issues arising from the patient's injury-related pain and off-work status, with an overall goal of increased physical and emotional functioning and returning the patient to work. The request is considered medically reasonable and necessary at this time.

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

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)