

SENT VIA EMAIL OR FAX ON
Dec/29/2009

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/29/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

4 individual psychotherapy sessions

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 11/23/09 and 10/22/09

8/27/09 and Letters with No Date

2/10/09

Peer Review 3/12/09

FIM 8/31/09

Medical 8/16/09

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 when he slipped and fell on wet concrete, hurting his back. Current FCE places patient at the Light PDL (able to lift/carry 20-25 pounds), and his job requires a Medium PDL. Current vocational report indicates patient wishes to return to work as a truck driver. Patient has received a 6% WP impairment rating, but continues to be receiving diagnostics and active medical services and remains on continued no work status.

Since his injury, patient has been treated conservatively with chiropractic, physical therapy, home exercise program, ESI'sx2, and medications to include Vicodin ES and Flexeril. He continues to report pain and psychosocial stressors with accompanying mood symptoms, and treating doctor has referred this patient for a psychological eval, which is the subject of this request.

Records indicate that MRI performed January of 2009 showed L4-L5 and L5-S1 herniations with contact to the exiting left L4 nerve. Medical document dated August of 2009 showed restricted range of motion, in all planes of the lumbar spine and significant deconditioning. Also in medical records is a referral for orthopedic surgeon due to persisting pain and sequelae. Psychological eval shows moderate depression per BDI and severe anxiety symptoms per BAI. Patient experiences 4 hours of interrupted sleep per night, has elevated disability scores and elevated fear-avoidance beliefs and behavior. He reports difficulty walking for more than 20 seconds, standing for more than 30 minutes, and sitting for more than 30 minutes. Average pain is perceived at a 7/10 level. Patient is diagnosed with 307.89 Pain Disorder, Lumbar sprain, and Lumbar intervertebral disc without myelopathy. Current request is for individual therapy x 4. Goal is to employ cognitive-behavioral techniques in order to address depressed/anxious mood, and fear-based coping.

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 injury-related anxious/depressed mood. A referral for psychotropic medications was mentioned in the report, and should be followed up on, but ODG and AMA state that this is not a requirement in the case of mild-moderate depression. A stepped-care approach to treatment has been followed, as per ODG, and the requested individual therapy sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and off-work status. The request is considered medically reasonable and appropriate 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)