

SENT VIA EMAIL OR FAX ON
Jun/28/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 sessions of individual psychotherapy

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

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured at work on xx/xx/xx. At the time of the injury, she was performing her usual job duties as a clerk for xxx. Claimant reports that, on the above-mentioned date, she received treatment at xxxxx for low back pain that occurred subsequent to her lifting, twisting, and moving boxes from one office to another office. Patient established care with Dr., and remains on off- work status. Medical office note of 03-20-10 states that "most of her pain is centered in her lumbar spine. She has a positive bilateral straight leg-raising test. She walks with a limp." Patient was prescribed Tramadol and Lyrica, and referred for MRI and PT.

Claimant has received the following diagnostics and treatments to date: x-rays (negative), MRI (positive for lumbar spondylosis), physical therapy (discontinued due to pain reports), and medications management, which has been expanded to include Darvocet and Flexeril. She is currently diagnosed with lumbar strain/sprain with associated left sciatica, cervicalgia, and major depressive disorder.

Treating physician referred the patient for a psychological evaluation to assess appropriateness for conservative individual therapy sessions. On 04-19-10, patient was interviewed and evaluated by Injury in order to make psychological treatment recommendations. Patient was administered the patient symptom rating scale, BDI and BAI,

along with an initial interview and mental status exam. Results indicated that the patient had developed a post-injury Major Depressive Disorder, per DSM criteria. Patient currently rates her average pain level as a 7/10VAS, stating it interferes with her recreational, social, and familial activities. BDI was a 34 (moderate- severe), and BAI was a 17 (mild-moderate). She views herself as significantly angry, nervous, sad, and irritable. Patient reports decreases in her ability to cook and do other household chores she used to be able to engage in. She also reports feeling useless/helpless, unattractive, abandoned by co-workers, and isolated. She is experiencing both initial and sleep maintenance insomnia, with 3-4 awakenings per night due to pain. Her physical therapy has been interrupted due to patient's reported pain interference. Patient noted to have headaches, possibly secondary to bracing/guarding.

The current request is for individual cognitive-behavioral therapy 1x6. Goal is to employ cognitive-behavioral and relaxation awareness techniques in order to: decrease the patient's anxious/depressed symptoms, decrease reported pain perception by 50%, and decrease patient's stated irritability, frustration, anger, muscle tension, 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 relaxation interventions aimed at improving coping skills in order to reduce injury-related pain, irritable/anxious mood, psychosocial issues, and any associated fears. 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. Patient is clearly an outlier at this time, as her lumbar strain diagnosis should be resolved by now and back to work already accomplished. 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)