



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)
MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 06/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 sessions psychotherapy (90806)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Board of Examiners of Psychologist

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 06/09/2010
2. Notice of assignment to URA 06/09/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 06/08/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 06/07/2010
6. SRS letter 05/04/2010, 04/07/2010
7. Auth rqst 05/03/2010, 04/29/2010, 04/05/2010, 04/02/2010, face sheet, note 03/25/2010, radiology 03/10/2010, note 02/11/2010, radiology 01/03/2010
8. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The injured employee reportedly sustained an injury on xx/xx/xx, while working. She reportedly slipped on ice and fell while getting into the limo. She reportedly injured her back, shoulder, and upper extremity. A behavioral medicine consultation notes that she was initially seen at the emergency room where she was given medications and told she had sciatica. A CT scan a few days later showed no abnormalities. An NCV EMG was reported being normal. At the time of the evaluation it was noted that the injured employee had an MRI but the results were not available. She rated her pain as 6 out of 10 on average, scored 26 on the Beck Depression Inventory, and scored 18 on the Beck Anxiety Inventory. She was given diagnoses of a pain disorder and adjustment disorder with a GAF score of 65. She was noted to be taking Lyrica and Tramadol. In addition, it was noted in the evaluation that the injured employee was working with restrictions on light duty. Records state diagnoses of lumbar strain/sprain, right shoulder strain/sprain contusion, probable lumbar herniated disk at L4-5 and L5-S1, and bilateral lumbar



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radiculopathy. The results of the MRI showed left foraminal and far lateral disc protrusion at L2-3, disk desiccation with right foraminal disk protrusion at T11-12, a tiny right paracentral and foraminal disc protrusion at L5-S1, and degenerative spondylosis. Physical therapy was recommended, but it is unclear if she has had physical therapy or if she has made progress in any type of conservative treatment. Request is for 6 sessions psychotherapy (90806).

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

According to the records reviewed, the claimant has not completed initial lines of treatment which are recommended by Official Disability Guidelines as first steps of treatment with a referral for psychological treatment only after evidence of lack of improvement with initial levels of care. The injured employee has had very little treatment for this injury. She is reporting significant symptoms of psychological distress to include depression, anxiety, and high pain levels. The reviewed documentation does not establish that initial levels of care had been conducted. The requested 6 sessions of psychotherapy (90806) is not established as reasonable and necessary based on the ODG guidelines; therefore, the insurer's adverse determination is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)