

SENT VIA EMAIL OR FAX ON
Jul/12/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/12/2010

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

Denial Letters 12/10/08 and 1/5/09

Case Notes 12/5/08 thru 1/5/09

Initial Diagnostic Screening 11/13/08

Records from Institute 6/18/08 thru 12/18/08

FCE 7/22/08

Record from Dr. 1/28/08

Record from Dr. 12/10/08

Initial Diagnostic Interview Update 12/23/08

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured at work on xx/xx/xx while performing his usual job duties as a xxxx. Patient states he visited the ER subsequent to a day at work in which he began feeling severe pain in his low back after lifting a pipe. Pain has not receded since that

time, and patient has been off work due to his injury.

Since the injury, patient has received conservative, secondary, and tertiary treatments/diagnostics to include: lumbar and cervical x-rays, lumbar MRI's (positive), EMG/NCV (positive), physical therapy, injections, work hardening, TENS, lumbar support brace, and medications management. Current prescribed medications include Cymbalta, Motrin, Tylenol PM, and Ambien.

Patient was evaluated by orthopedic surgeon Dr. relative to a possible lumbar spine surgery. The surgeon gave diagnoses of L4-L5 lumbar herniated nucleus pulposus with clinical instability. He recommended him to "obtain his psyche evaluation and apply for surgery...when this is done."

An initial behavioral diagnostic screening was conducted to evaluate and make recommendations regarding patient mental status. With regard to the psychosocial and patient functioning part of the exam, patient rated his medical problem as "extremely severe" and his perception was that his disability was "very much permanent", and that his symptoms were worsening. He rated his pain level as 6-10/10, with medications. His Beck Depression Inventory of 14 indicated mild-moderate levels of depression. His Beck Anxiety Inventory of 19 showed moderate problems with anxiety. Sleep questionnaire indicated severe sleep disturbances related to physical pain, stress. SCL-90 was significant for extreme responses by the patient to pains in his lower back, feeling easily annoyed/irritated, temper outbursts that are perceived as uncontrollable, feeling low in energy, bad dreams, trouble concentrating, etc. Patient was given diagnoses of Pain Disorder associated with medical conditions and psychological factors, anxiety disorder, and mood disorder with depressive features. Axis II diagnosis was deferred. Patient was given a fair prognosis for surgery based on his behavioral health assessment. Recommendation is for 4 ITP sessions pre-surgical and 2 IPT sessions post-surgical in order to prepare patient emotionally for surgery, help with smoking cessation, and make sure surgical gains are reinforced with patient post-surgically.

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

It appears that this patient is a lumbar surgery candidate and that the orthopedic specialist followed ODG guidelines when he recommended a psychological screening for the patient, who clearly deserves this low level of intervention at this time, per ODG. As such, current request is considered medically reasonable and necessary to treat the psychosocial symptoms arising from the patient's injury related pain and off work status, as well as to prepare him psychologically for the requested surgery.

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)