

# Wren Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Jun/11/2010

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cognitive behavior therapy (2wk12) or 24 sessions and Medical group psychotherapy (1wk12) or 12 sessions

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

MD, Psychiatrist

Board Certified by the American Board of Psychiatry and Neurology

### 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

Adverse Determination Letters, 5/20/10, 6/2/10

ODG

Symptom Inventory Checklist, 4/14/09

, MD, 4/14/09, 4/17/09, 5/13/09, 6/23/09, 9/22/09,

11/10/09, 1/4/10, 2/22/10, 5/17/10, 6/2/10, 7/21/09, 6/7/10, 2/3/10

, 10/15/09

, MD,

, 3/27/00

, MD, 5/20/02

, 7/14/04, 8/28/06

, MD, 4/8/08

### PATIENT CLINICAL HISTORY SUMMARY

This is an extremely complicated case of 16 years duration, multiple treatments, treatment providers and reviewers. The initial complaints were symptoms of PTSD resulting from being the victim in two armed robberies, one in April 1993 and one in June 1994, both occurring in the course of her employment. The medical records contain extensive reviews of the events and treatment course. Most recently, she has been treated for PTSD by Dr. with psychotherapy, biofeedback and medications. By all accounts, she has shown considerable improvement, which has not been documented with prior treatments. The most recent RME from, MD on March 10, 2010, disagreed with the treatment and diagnoses. Dr. felt she had a histrionic presentation. He goes on to say: "Her expressed symptoms are a complex of mysteriously sustained depressive, anxious, and PTSD features. Dramatized reports of ostensible auditory and visual hallucinations that have been presumed by a number of examiners and providers to indicate a psychotic degree of disturbance, appear instead to be merely creations of her suggestible imagination that represent either factitious or histrionic

phenomena.”

He concludes by saying: “I would employ a diagnosis of Factitious Disorder with Predominantly Psychological Signs and Symptoms. She will not improve until the intensity of her medication regimen and her psychotherapy program are reduced. In my estimation, she has the mental intactness to do some kind of work at this point.”

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

The records are fraught with many different evaluations from professionals, each of whom contradicts the other. A fact that seems to stand out is that the patient did suffer two significant psychological traumas in her life, which were work related. She did have signs of PTSD. Perhaps, as Dr. says, the PTSD has largely been mitigated, and she is now left with a Factitious Disorder. However, the records reflect that the more recent treatment given by Dr. has actually helped her improve. My reading of the record would tend to support Dr.’s opinion. Nevertheless, at this point records indicate she might be encountering secondary gain from continuing her symptoms. If so, since the entire course of problems began with a work-related injury, which then was treated, and then the treatment caused a factitious disorder, as opined by Dr., then her current problems are still a result of her original work injury, as without that initial incidents, she would be well today. Of all her treatment providers, Dr. seems to have been the most successful. His goal is to wean her away from continuing dependence on treatment sessions. The reviewer finds that medical necessity does exist for Cognitive behavior therapy (2wk12) or 24 sessions and Medical group psychotherapy (1wk12) or 12 sessions.

**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)