



Southwestern Forensic  
Associates, Inc.

## REVIEWER'S REPORT

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Individual psychotherapy 1x6 and biofeedback 1x6.

**QUALIFICATIONS:**

Clinical Psychologist, member of the American Academy of Pain Management.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be:

\_\_\_\_\_ Upheld (Agree)

X  Overturned (Disagree)

\_\_\_\_\_ Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:** IRO Case # : xxxxx

1. xxxx forms
2. xxxxx forms
3. Preauthorization information
4. Denial information
5. Initial behavioral medicine consultation, xxxxx. LPC, 12/15/09
6. Operative report, MD, 2/3/10
7. MRI left knee, 11/6/09
8. Operative report, MD, 11/24/09
9. MRI left knee, 4/9/10
10. Case synopsis, MD, 11/18/09
11. Peer review, MDD, 12/2/09
12. xxxxx, MD, 2/16/10

13. Psychotherapy notes, Injury 1, 2/22/10
14. Impairment rating, DC, 3/11/10
15. Clinical notes, Injury 1, 11/2/09 thru 3/29/09
16. ER report, xxxx 4/12/10

### **INJURED EMPLOYEE CLINICAL HISTORY:**

The claimant is a female who was injured at work on xx/xx/xx. At the time when she fell, hitting her left knee on concrete in a twisting motion. Patient presented to the company doctor where she received x-rays, a knee sleeve, and pain medication and was released. On 11/24/07, she had surgery to repair bucket-handle tear of the medial meniscus and a partial ACL tear. On 2/3/10 she had second surgery for arthroscopy with anterior cruciate ligament reconstruction. She continues to complain of pain radiating to her left LE at an average 9-10/10 level. Since the injury, she has not returned to work.

On 1-29-10, patient presented for re-evaluation at xxxxxx with expressed pain 7/10 and was prescribed Hydrocodone and Lyrica. Patient had second surgery 2/3/10 to the left knee and was in post-surgical patient at the time of this review. PT note of 3/8/10 shows patient "completed all her exercises. Patient will be added some more strengthening exercises and possibly some weights." Patient's pain level was decreasing with PT until she was hospitalized for deep vein thrombosis. IR exam conducted by Trenton Weeks stated "during my evaluation there were multiple signs of anxiety and depression which appear to be directly related to the patient's injury and inability to work for an extended period of time. These issues will need to be addressed prior to the patient returning to the work force."

Patient was subsequently referred for a psychological evaluation to assess appropriateness for behavioral mental health intervention. As a result, patient was diagnosed with an adjustment disorder with mixed anxiety and depressed mood, secondary to the work injury.

She was approved for IPT, and at mid-term patient was re-evaluated by Jacob Parks, LPC in order to make psychological treatment recommendations. Description of response to treatment states "Clinician reviewed informed consent, diagnosis, and treatment plan. Clinician built positive therapeutic rapport with pt. using cognitive behavioral therapy. Patient has been experiencing cognitive distortions in lieu of her injury. She reports that she has been seeing all aspects of her life through a negative looking glass and it has negatively affected various aspects of her life. Patient identified 3 major areas of positivity in her life during session...and these have helped the pt cope with the situation and look forward..." Request is for 6 additional IPT sessions. Goal is to employ cognitive-behavioral and relaxation therapy to address the continued depressed/anxious mood.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE 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. Patient is in the secondary stages of treatment, having recently had a second surgery. Patient has completed only three IPT sessions, and has been able to decrease her severe BDI and BAI scores by 10% so far, which is considered statistically significant. This treatment appears to be ongoing with physical rehab and each should complement the other. Biofeedback can be added as another important adjunct at this point. Additionally, ODG encourages this minimal level of intervention at this point in order to increase the chances of return to work for this type of patient.

The results of the psych interview and testing indicate that patient could benefit from cognitive-behavioral interventions aimed at improving coping skills in order to reduce problems with sleep, depression and psychosocial issues. A stepped-care approach to treatment has been followed, as per ODG, and the requested IT and biofeedback 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.

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

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)