

SENT VIA EMAIL OR FAX ON
Apr/28/2010

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/28/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy sessions 1 X 6

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 2/24/10 and 3/23/10
Injury 1 2/5/10 thru 2/24/10
OP Report 10/12/09 and 10/12/09
Dr. 12/22/09 thru 1/19/10
Rehab 2/1/10 thru 2/4/10
Medical Center 10/8/09
Peer Review 3/29/10
PPE 2/9/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured at work. At the time, she was performing her usual job duties when she tripped over a balance beam on the floor, breaking her ankle in two places. She was transported to the ER, where she received x-rays and was stabilized. She

received her first surgery 4 days later and a second surgery 2 weeks after that. She has participated in post-surgical PT 3x/week. She continues to report average daily pain at a 5/10. Since the injury, she has not returned to work.

Claimant has received the following diagnostics and treatments to date: X-rays, ankle surgeryx2, physical therapy, and medications management. Medications include Lortab 7.5 mg, Flexeril 10 mg, Ambien CR 5 mg, and Sombra gel.

Patient has subsequently been referred for a psychological evaluation to assess appropriateness for individual therapy. On 02-05-10, patient was interviewed and evaluated by LPC, in order to make psychological treatment recommendations. As a result, patient was diagnosed with an adjustment disorder with anxiety, secondary to the work injury. Results of the testing and interview show that patient is intelligent and cooperative, but continues to struggle with pain at an average 5/10 level. Patient's BDI was an 8 (WNL range) and BAI was a 24 (moderate). ADL's are limited still, and patient reports her level of overall functioning prior to her injury as 100% vs. 40% currently. Mood was reported as dysthymic on mental status exam. Patient reported high levels of frustration, anger, nervousness, worry, sadness, and sleep difficulties, since the injury and off-work status. She reports one pre-existing mental health issue, going back almost 30 years. She has been productive before and since that time. GAF is currently 55 and estimated to be 85+ before the injury. Goal is to employ cognitive-behavioral and relaxation therapy to address the above issues. Request is for 6 individual psychotherapy sessions, one time a week for six weeks.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING 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, and was 4 months post-injury at the time of the report. ODG promotes early intervention and encourages this minimal level of treatment at this point in order to increase the chances of return to work for this type of patient. Patients who are 3 months post-injury are now being considered to fall into a "chronic" status, per ODG.

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, anxiety, and psychosocial issues. 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.

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)