SENT VIA EMAIL OR FAX ON
Nov/12/2010

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/12/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 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)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 10/6/10 and 10/27/10
Behavioral Health 8/23/10 thru 10/16/10
Dr. 8/12/10
Ortho 12/2/09 thru 3/10/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a female who was injured on xx/xx/xxwhile performing her regular job duties as a xx. On the above-mentioned date, patient was in the process of rising from a squatting position after cleaning in the restroom, and struck her left elbow on a metal doorframe, feeling immediate and intense pain. Treating doctor office note of 8/12/10 states “patient did proceed with conservative care initially for her injury to include medication, corticosteroid and pain medication. In July of 2009, the patient underwent a left elbow common origin extension release by Dr..” Dr. note of 3/10/10 states that patient still experiences “pain with overuse”. She remains on modified duty and was prescribed flexor patch prn #30 and vicoprofen 7.5.

Current psychometric testing shows severe on the Pain Experience Scale score, moderate Mc Gill Pain Questionnaire, 9/10 pain on the patient pain drawing and labels her pain as "excruciating. She scored in the severe category for sleep problems. She scored a 35 on the BDI and a 30 on the BAI. Patient is diagnosed with 309.0 Adjustment disorder with mixed anxiety and depressed mood and V62.2 Occupational Problem. The current request is for 1x6 IT sessions in order to employ cognitive-behavioral intervention for decreasing depressed/anxious mood and relaxation training for improved sleep response.

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

Patient is xx , has a clean work history, and appears motivated to deal with her injury-related difficulties and return to a more stable lifestyle. Biopsychosocial sequelae of chronic pain, such as depression and fear, both are a result of the chronic pain experience, and contribute to it. ODG, as well as the professional community at large, recognizes that effective treatment for chronic pain syndrome should address all of these components. Per ODG, a stepped-care approach to treatment has been followed, and as such, this request is considered medically reasonable and necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)