

SENT VIA EMAIL OR FAX ON
Oct/05/2010

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X 6; Biofeedback Therapy 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 7/28/10 and 8/27/10

Treatment 8/24/09 thru 8/20/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured at work on XX/XX/XX. At the time, she was performing her usual job duties for, when she slipped and fell, injuring her left shoulder, arm, and right knee. Patient received x-rays at the company doctor, which were negative for fractures. She has had a positive MRI of the left shoulder and physical therapy and has established treating with Dr.. Since the injury, records indicate she has not returned to work.

On 7-2110, patient presented for re-assessment evaluation at treatment center after having completed an initial course of psychotherapy. Patient's BDI at the time was 34 (down from 42) and BAI was still 24. Mental status exam showed dysthymic mood, and flat affect. As a result of the interview and testing, patient was diagnosed with 307.89 Pain Disorder, secondary to work injury. The current request is for 6 additional IT sessions and 6

biofeedback sessions. Goal is to employ cognitive-behavioral and relaxation therapy to continue to make strides with this patient's overall mental and medical functioning.

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

Patient has completed the first set of sessions, and has been able to substantially decrease her severe BDI scores, as well as decrease her representation of muscle tension, sadness, and nervousness. Report states, "past sessions have focused on identification of stressors, education regarding stress relief and relaxation, and introduction of various coping strategies. Future sessions will focus on self-acceptance, implementation of coping strategies, and adaptation to physical gains as well as limitations. In addition, formal biofeedback therapy will expedite the entrainment of these relaxation skills. Use of visual and auditory feedback mechanisms will aide generalization for relaxation skills across environments." 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 re-eval and testing indicate that patient could benefit from cognitive-behavioral interventions aimed at continuing to improve coping skills in order to reduce problems with fear, anxiety, 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.

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)