

SENT VIA EMAIL OR FAX ON
Oct/08/2010

Independent Resolutions Inc.

An Independent Review Organization
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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:

Outpatient Individual Psychotherapy X 6 sessions over 8 weeks related to lumbar and bilateral hips

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 8/18/10 and 9/13/10

Dr. 5/12/10

Behavior Health 7/22/10 thru 8/18/10

Dr. 12/16/09 thru 6/24/10

403 pages from Associates 9/3/1996 thru 9/23/2010

Dr. 7/22/09

Dr. 8/14/06 thur 4/16/07

Dr. 11/27/06

Dr. 4/3/02 thru 11/21/02

OP Report 9/10/02 and 5/29/07

Dr. 9/27/06

Peer Review 9/8/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured at work on xx/xx/xx while performing his usual job duties as a . Patient felt a “pop” in his lower back with pain radiating into his lower extremities subsequent to attempting to pick up a table in the furniture department. He initially received an MRI scan which revealed multilevel disc herniations and was given physical therapy as well as ESI's.

Since the injury, patient has received conservative, secondary, and tertiary treatments/diagnostics to include: x-rays; MRI's (positive); EMG/NCV's (Positive in 1999 for bilateral L4-5 radiculopathy); discogram; cat scan; physical therapy; 10 ESI's; chiropractic care, emergency medical care; lumbar surgery x 3; hip replacement surgery; and medications management for pain and depression.

Patient currently works two jobs, but continues with pain. On 7-22-10, he was referred to for a pre-surgical screening as part of assessing his candidacy for a spinal cord stimulator. Results of the testing showed elevated Scale 2 on the MMPI, BAI of 25 (severe); severe score on the Pain Experience Scale, mild reported sleep problems, and self-perception as crippled disability on the Oswestry. He rated his average pain level as 8/10. Patient was psychologically cleared for surgery and given diagnoses of Pain Disorder associated with medical conditions and psychological factors, and mixed adjustment disorder. Axis II diagnosis was deferred. Current GAF was 60 and previous was 80. Patient was psychologically cleared for surgery, and current request is for 1x6 individual therapy sessions in order to support patient pre- and post-surgically, decrease anxiety, decrease sleep questionnaire by 18 points, decrease depression and anxiety, improve sleep, and address vocational functioning and pain coping skills.

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

Although patient has failed numerous interventions, he continues to seek help for his documented chronic pain problem. On 9-8-09, peer reviewer Dr. stated that the patient's “symptoms of residual low back pain to the left leg, as well as left hip pain are all causally related to the surgeries the claimant has been subjected to and accepted as related to the work event of xxxx. The claimant has now undergone 3 lumbar surgeries, L3 to S1, and these levels of the lumbar spine are compensable. He has undergone left hip replacement accepted as related to the work event...it is probable that medical maintenance follow up will be reasonable, indefinitely, as it is not likely that the effects of the work event will ever completely resolve. ODG guidelines regarding spinal cord stimulators support psychological and psychosocial intervention for such cases. As such, current request is considered medically reasonable and necessary to treat the psychosocial symptoms arising from the patient's injury related pain and to prepare him psychologically for the requested surgery and support him afterwards.

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)