

SENT VIA EMAIL OR FAX ON
Oct/19/2010

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy 6 sessions

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 9/13/10 and 9/29/10
8/27/10 thru 10/7/10
Injury Center 3/23/10 thru 8/3/10

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 as a. She was in the process of mopping the floor, when she felt a "pull" in her right shoulder and cervical regions. She went to see the company doctor, and then transferred her care to Dr..

Claimant has received the following diagnostics and treatments to date: X-rays, MRI's, physical therapy, EMG/NCV, TENS unit, injections, right shoulder rotator cuff repair and arthroscopic surgery, post-surgical rehab, and medication management by the surgeon to include Darvocet for pain. Patient has been diagnosed with impressions of: cervical

strain/sprain, s/p right shoulder arthroscopy, cervical radiculitis, and internal derangement of the right shoulder. She continues to complain of neck pain with radicular symptoms traveling down her tight arm and hand. Since the injury, she has not returned to work.

Patient has subsequently been referred for a psychological evaluation to assess appropriateness for individual therapy. On 08-28-10, patient was interviewed and evaluated by, in order to make psychological treatment recommendations. As a result, patient was diagnosed with 309.28-adjustment disorder with mixed anxiety and depressed mood, and 307.89 Pain disorder.

Results of the testing and interview show that patient continues to struggle with pain at an average 7-8/10 level. Patient's BDI was a 36 (severe) and BAI was a 14 (mild). Mood was reported as depressed and affect flat on mental status exam. Patient reported high levels of irritability, frustration, depressed mood, and sleep difficulties, since the injury and off-work status. She reports no pre-existing mental health issues. The goal is to employ cognitive-behavioral therapy to address the above issues. Request is for 6 individual psychotherapy sessions, one time a week over two months.

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. The results indicate that patient could benefit from cognitive-behavioral interventions aimed at improving coping skills in order to reduce problems with anxiety, depression, adjustment, 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. The request is medically 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

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)