

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1x6 90806

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board certified in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics

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

ODG Guidelines

Adverse Determination Letters, 6/18/10, 7/27/10

, 6/15/10, 6/14/10, 5/18/10, 7/9/10

Imaging Center, 3/15/10, 1/20/10

Rehabilitation Re-Evaluation, 5/18/10-7/8/10

PATIENT CLINICAL HISTORY SUMMARY

This claimant was working at xxx when on xx/xx/xx she was driving a company vehicle and the tires caught on fire. She has reported pain in the upper and lower back and the right shoulder since that time. On 1/20/2010 a cervical MRI showed degenerative changes with a C3/4 disc protrusion and osteophyte. A lumbar MRI shows degenerative changes at L1/2 and L4/5 and an L4/5 disc protrusion. MRI of the right shoulder showed tendinosis and tear of the labrum with mild bursitis. She had 4 days of PT and the pain remained at 10/10. Her BDI is 41 and BAI is 49. She takes Lortab and Naproxen. The notes indicate it is 75 mg of Lortab however, the normal dose is 7.5 mg and I believe the 75 mg is a transcription error. She has had an injection to the right shoulder.

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

The claimant's pain did not respond to 4 days of physical therapy. This is a short course, however the pain remained at 10/10. The pain has not responded to medication management. She has had a psychological evaluation and has indicators of high anxiety and depression that are interfering with any recovery. Records indicate her psychologic condition is impacting her recovery and the evaluation indicates that individual psychologic treatment may benefit her. A trial of psychologic treatment does meet ODG guidelines. The reviewer finds there is medical necessity for Individual Psychotherapy 1x6 90806.

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)