

SENT VIA EMAIL OR FAX ON
Mar/28/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy 1x6 and Biofeedback 1x6

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
Clinic 1/6/10 thru 2/24/11
Dr. 12/30/10 thru 2/24/11
CT Lumbar Spine 6/28/10
Lumbar Myelogram 6/28/10
Radiology Reports 12/17/09 and 11/6/09
MRI 12/17/09
Clinic 1/28/11 and 2/23/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a XX-year-old male who was injured at work on XX/XX/XX. At the time of the injury, he was performing his usual job duties when he sustained injuries to his left shoulder, cervical and lumbar spine after having a X,XXX-pound object fell on him. Patient sought treatment from Dr., who has requested surgery for the patient, which has been denied and is being appealed. Patient is currently prescribed Norco 7.5/325 and Paxil. MRI revealed cervical and lumbar disc herniations. Patient continues with moderate-severe pain reports and observed distress. He is currently diagnosed with chronic low back pain, left shoulder sprain/strain, bulging lumbar disks, and right leg neuropathy. Psychological eval gives a diagnosis of 307.89 Pain Disorder.

Treating physician referred the patient for a psychological evaluation to assess appropriateness for continued conservative individual and biofeedback therapy sessions. Individual therapy was approved and patient has attended 18 sessions. Patient was able to reduce depression, anxiety, and fear-avoidance. Sleep is improved from 2 hours with 5 interruptions to 4 hours with 2 interruptions. Patient has also been able to functionally increase his ADL's to include: driving, walking, grocery shopping, cleaning, and self-hygiene. Current request is for additional 6 IT sessions combined with biofeedback. Plan is to use cognitive-behavioral and relaxation therapies to continue to decrease initial and sleep maintenance insomnia, decrease the patient's anxious/depressed symptoms, and decrease reported pain perception.

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

A diagnostic update interview with mental status, testing and recommendations was requested by the patient's treating doctor, and has been conducted. The results indicated that patient could benefit from continued cognitive-behavioral and relaxation interventions aimed at improving coping skills in order to reduce injury-related pain, irritable/anxious mood, psychosocial issues, and any associated fears. A stepped-care approach to treatment has been followed, as per ODG, and the patient has made progress overall. Patient has been denied surgery, but it appears this is being appealed. Patient is on a pain medication and an anti-depressant, both of which will need to be weaned as he continues to improve with the requested interventions. Requested continued sessions therefore meet ODG criteria, as does the biofeedback since it will be incorporated into a cognitive-behavioral program. The request is considered medically reasonable and necessary at this time.

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)