

SENT VIA EMAIL OR FAX ON  
Feb/14/2011

# Applied Assessments LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Feb/14/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
6 sessions of individual psychotherapy

**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**

### **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a xx year-old male who was injured at work. At the time, he was performing his usual job duties when he felt a "pop and a crunch" in his neck subsequent to crawling out from a tight space. He reported to the ER where he was diagnosed with cervical strain/sprain and was initially treated with Ultram, Flexeril, and Motrin. Patient's treating doctor referred him for a behavioral health consult which was conducted 10/18/10 and resulted in a request for 1x6 IT sessions, which is the subject of this report.

To date, records submitted for review indicate that claimant has received the following diagnostics and treatments: x-rays (normal); cervical MRI (normal); EMG/NCV (no evidence of radiculopathy), physical therapy and medications management to include Darvocet N-100

and Flexeril (now discontinued).

On 10-18-10, patient was interviewed and evaluated in order to make psychological treatment recommendations. Patient was administered numerous assessments along with an initial interview and mental status exam. At the time of the interview, patient rated his average pain level at 7/10, and stated his injury interfered significantly (10/10) with his normal social and familial activities, and interfered moderately (5/10) with his ability to work. Patient was returned to work full duty but report states "he is struggling with this."

Patient scored a 24 and 25 on the FABQ, McGill was normal, and sleep questionnaire indicated both initial and sleep maintenance problems. BDI was a 31 and BAI was 25. FABQ showed no significant fear avoidance of work activities. Patient was diagnosed with 296.33 Major Depressive Disorder, Recurrent, Severe, and 307.89 Pain Disorder.

The current request is for individual cognitive-behavioral therapy 1x6. Goals are to employ cognitive behavioral and relaxation techniques to decrease pain, anxiety and depression, and to improve sleep.

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

ODG recommends treatment for major depressive disorders and intervention when recovery has gone beyond the normal and expected time frame. It also states that diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or work related. At the time of this report, almost 4 months ago, patient had just returned to work full time, and the EMG had not been completed. Also, the diagnosis of recurrent depression is confusing as it can indicate that depression was pre-existing to the injury, or that in the few months following the injury patient had remitted and then relapsed. This is not explained. There is no updated report or medical office note to indicate where the patient currently stands with regard to deficits, if they exist at all at this time. Due to the probable change in symptom picture, and possibly a change in diagnoses since the original report, medical necessity cannot be established 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)