

SENT VIA EMAIL OR FAX ON
Feb/14/2011

Applied Resolutions 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:

Outpatient Psychotherapy x 6 sessions over 8 weeks; Psychological Testing X 4 hours

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 female who was injured at work. At the time, she was performing her usual job duties when she was injured lifting 50 pounds, with IE reporting immediate pain in her low back. Patient established treating with Dr., who supposedly put her on opioid medication and allowed her to continue to work until subsequent to an MRI, took her off work completely. Sometime later, patient switched her care to private insurance because her case was apparently being denied. Patient continues to the present in an off-work status. She was placed at MMI on 1-14-09 with a 5% impairment rating.

Patient has received the following diagnostics and treatments to date: x-rays, lumbar MRI On 8-9-08 (negative), physical therapy (4 sessions), EMG on 9-11-08 (negative), JA eval on 9-23-08 with impression of low back contusion and myofascial pain with plan to increase Lyrica, review the MRI and offer a trigger point injection; FCE which place patient at the light PDL. Medications were denied by the patient at the DD exam but current medications include: Cymbalta, Prevacid, Norco, and Lyrica. Patient also apparently sought psychological counseling through her private insurance, but outcome/benefits of these sessions is not discussed.

Dr. saw the patient on 12-13-10 for an initial psychological evaluation. Mental status revealed patient who was depressed and who stated that her pain and opioid medication have caused

memory and concentration difficulties. Since her injury, patient reports difficulty sleeping, feelings of sadness, headaches, frustration, physical limitations, and fears of re-injury. She scored a 23 on the BDI, 15 on the BAI and a 22 on the FABQ. Patient was diagnosed with 307.89 Pain Disorder, 293.83 Mood Disorder, and 293.89 Anxiety Disorder. Request was made for 6 individual therapy sessions to aid in improving the patient's depressed/anxious mood, narcotic use, and fears of re-injury. Goals were to use cognitive restructuring and stress inoculation therapy to reduce anxiety and fears of re-injury. Additionally, the goal was to introduce basic relaxation training to improve her sleep to 6 consistent hours per night, although sleep deficits were not mentioned in the report. . Additional request was made for 4 hours of testing to include the MMPI-2, seemingly preparatory to a request for chronic pain management program.

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

ODG states that psychological diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury, or work related. In this case, these conditions have not been met. On 1-14-09, patient was placed at MMI on no narcotic medications and diagnosed with lumbosacral sprain/strain and thoracolumbar pain. She had an FCE, which placed her abilities at a Light PDL, indicating a safe lifting of 20 pounds at a time and frequent lifting or carrying of up to 10 pounds. Lumbar MRI and EMG/NCS were negative. Two years later, current report shows a sedentary lifestyle, increasing opioid dependency, and "significant pain in her back, hips, buttocks and legs down to her toes as well as severe numbness, tingling and burning in her lower extremities" There appears to be no new diagnostics, and no medical records were submitted, to explain the etiology of these symptoms. There are other contradictions in the report, such as that patient was employed for 3 months at the time of the injury when she was apparently only employed for 3 weeks. Given these contraindications and lack of clarity, medical necessity cannot be established at this time for either individual therapy or pre-program battery of testing.

ODG Work Loss Data, 2010, Texas

Psychological evaluations: Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in ***subacute*** and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. ([Main-BMJ, 2002](#)) ([Colorado, 2002](#)) ([Gatchel, 1995](#)) ([Gatchel, 1999](#)) ([Gatchel, 2004](#)) ([Gatchel, 2005](#))

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)