

SENT VIA EMAIL OR FAX ON
Dec/30/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/30/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual Psychotherapy 1x4

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 10/19/10 and 11/15/10
Injury 8/4/10 thru 10/22/10
Dr. 11/16/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured at work on xx/xx/xx while performing his usual job duties as a xx. He was driving a load when report states, "his right front wheel went off the road and the truck flipped over onto the right side and slid." Patient was seen at the ER and treated for a clavicular fracture and orbital fracture. On 2/2/09, patient's clavicular fracture was aligned well. He received physical therapy after that for 7 weeks. Patient was recently referred for a behavioral evaluation with Injury.

On 9-20-10, patient was interviewed and evaluated by Injury 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 BHI-2 showed patient rated his peak pain at 5/10, which he perceives as tolerable. His current pain was rated 1/10, and lowest pain gets is a 0/10. Sleep problems were self-scored as 3/10.

His affective scale scores were in the average range, as were his character scale scores. Psychosocial scales indicated low Job Dissatisfaction score. Patient scored a 16 Physical and 18 Work on the FABQ. BDI was a 0 and BAI was 4, both within normal limits. Mental status showed cooperative, oriented, euthymic presentation. MBMD was overall non-significant. Patient was diagnosed with 309.9 adjustment disorder, unspecified.

The current request is for individual cognitive-behavioral therapy 1x4. Goals are to educate patient about the pain cycle, increase outside activities by 50%, decrease sleep maintenance insomnia, use psychological support as needed during medical procedures, family sessions to educate the family about patient's physical problems.

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

Patient self-reports and testing scores show no significant problems at this time. In fact, patient appears to be doing quite well, and the goals for him are not tied to any real deficiencies on the part of the patient or his social system. As such, request is not considered reasonable or 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)