

SENT VIA EMAIL OR FAX ON
Jan/19/2011

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy X 6 sessions over 8 weeks

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 12/29/10 and 12/6/10

Behavioral Health 2/11/10 thru 12/6/10

MRI 11/2/09

Dr. 10/27/09 thru 12/14/09

Dr. 10/27/09 thru 1/12/10

Dr. 11/23/09 and 11/24/09

NeuroDynamincs 11/6/09

Electro-Diagnostic Interpretation 11/9/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured at work on xx/xx/xx. At the time, he was performing his usual job duties for an when and air conditioner coil fell, striking him on the head.

Records available for review show patient was sent to clinic where he was given x-rays and a prescription for Ibuprofen and was released back to work with no restrictions. He continued

in this employment until January 2009 when he was laid off. Patient establishes treatment with, DC on October 20, 2009. In November, patient received diagnostics and evaluations to include x-rays, EMG/NCV, and cervical MRI. EMG was positive for C6-7 cervical radiculopathy and MRI was significant for C5-6 and C6-7 herniated discs with thecal sac impingement. Treatment has included TENS unit and medication management to include Norco, Soma, Neurontin, Phenergan, Ambien, Cymbalta, and Xanax. Patient was diagnosed with cervical disk injury with cervical radiculopathy, head contusion with post-concussion symptomatology, and bilateral upper extremity myofascial irritation. Patient was referred for orthopedic, psychological, and neuropsychological consultation.

Patient has completed 6 initial IT sessions through and current request is for 6 additional sessions. Patient was diagnosed with 309.28 mixed adjustment disorder and 307.89 pain disorder. Update report states that patient has learned techniques "to help him cope more effectively with his stress and anxiety [and] has been working on methods that help him manage his pain more efficiently without having to depend completely on his medication."

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

ODG recommends additional sessions if improvement is happening in the first set of six sessions. Patient has been able to decrease his pain level from a 10 to a 9 via the Patient Pain Drawing, has decreased his perception of neck disability by 10%, decreased his McGill Pain score from 47 to 42, decreased BDI from 29 to 25, decreased BAI from 59 to 41 and sleep questionnaire decreased from 59 to 38. Given these improvements, another 6 sessions is considered medically reasonable 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)