

SENT VIA EMAIL OR FAX ON  
Dec/30/2010

## Applied Assessments LLC

An Independent Review Organization

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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 1 X 4

**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 10/18/10 and 11/12/10

Injury 8/4/10 thru 11/10/10

Health Eval 8/3/10

Pain Associates 7/21/10 thru 10/6/10

Toxicology Report 10/15/10

Dr. 7/15/10

OP Reports 10/16/06, 5/22/06, 7/14/04, 1/16/04

Dr. 10/5/05

ESI 11/11/03

MRIs 9/19/02, 10/7/02, 10/24/03

CT Lumbar Spine 1/16/04

**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. when he injured his low back “pulling heavy paper”. Patient is s/p lumbar fusion in 2004, hardware removal in 2005, and SCS trial in 2006. He has received physical therapy and other interventions, but reported pain and ADL interference continues to be high. Patient is currently prescribed Duragesic, Hydrocodone, Zanaflex, Neurontin, and Androgel. He is diagnosed with chronic pain syndrome, lumbar radiculopathy, low back pain, and muscle spasms.

Patient apparently has undergone two behavioral evals, with different facilities. One eval gave impression of pain disorder and mixed adjustment disorder, and the other only gave impression of pain disorder. One eval reported past and present history of abuse, while the other denied abuse. One report asked for additional testing and the other asked for 1x6 individual therapy. Current request seems to be 1x4 individual therapy.

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

Besides the lack of clarity regarding diagnoses and treatment recommendations for this patient, MD office note of 9/21/10 states “He has a psychotherapist who comes into the home once a week, so it does not appear as though he will be getting psychotherapy here”. There is also an office note, which alludes to patient’s history of lack of compliance with/unwillingness to participate in RTW programs. Patient is currently on SSDI. With these discrepancies, the request is not medical necessity 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)