

SENT VIA EMAIL OR FAX ON
Jun/02/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy Session 1 x 4 Right Shoulder

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

Carrier

Clinic 3/23/11 thru 5/3/11

Dr. 3/9/11 thru 5/4/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a XX year-old male who was injured at work on XX/XX/XX. At the time, he was performing his usual job duties, and was attempting to push a car closer to a truck, when he felt pain in his right shoulder that was severe. He was treated at the ER where he was given x-rays, prescribed pain medications, his arm was put in a sling, and he was released. Since the date of injury, patient has not returned to work.

Claimant has received the following diagnostics and treatments to date: X-rays, orthopedic consult (request for surgery apparently being disputed); physical therapy x 15; additional PT currently approved; and medications management. Medications include Hydrocodone, Naproxen.

Patient has subsequently been referred for a psychological evaluation to assess appropriateness for individual therapy. On 03/30/11, patient was interviewed and evaluated by LPC, in order to make psychological treatment recommendations. As a result, patient was diagnosed with 307.89 pain disorder. Results of the testing and interview show that patient is irritable, has severe sleep disturbance and reports severe muscle tension/spasms and reported difficulties with PT. He reports pain at an average 9/10 level. Patient's BDI was a 11 and BAI was a 9. ADL's are limited still, and patient reports his level of overall biopsychosocial functioning as decreased from 95% prior to his injury vs. 30% currently.

Mood was reported as irritable/angry on mental status exam. FABQ show significant fear avoidance of both general and work activities. GAF is currently 58 and estimated to be 95+ before the injury. Goal is to employ cognitive-behavioral and relaxation therapy to address the above issues. Request is for 4 individual psychotherapy sessions, one time a week for four weeks.

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

A diagnostic interview with testing and recommendations was requested by the patient's treating doctor, and has been conducted. ODG promotes early intervention and encourages this minimal level of treatment at this point in order to increase the chances of return to work for this type of patient.

The results of the psych interview and testing indicate that patient could benefit from cognitive-behavioral interventions aimed at improving coping skills in order to reduce problems with sleep, pain, fear-avoidance, and psychosocial issues. A stepped-care approach to treatment has been followed, as per ODG, and the requested evaluation and sessions appear reasonable and necessary to treat the issues arising from the patient's injury-related pain and off-work status with a goal of increased overall physical and emotional functioning. ODG particularly recommends this type of intervention when patients are not progressing well in their PT due to fear-avoidance and sequelae of this.

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)