

Core 400 LLC

An Independent Review Organization
7000 N. Mopac Expressway, Suite 200
Austin, TX 78731
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 sessions of individual psychotherapy

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

M.D., Board Certified Family Practice

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

Official Disability Guidelines
Request for IRO dated 09/03/11
Request for IRO dated 09/29/11
Utilization reviewed determination dated 09/09/11
Utilization reviewed determination dated 09/21/11
Physical performance evaluation dated 09/13/11
Physical performance evaluation dated 09/01/11
Initial clinical interview dated 08/30/11
EMG/NCV studies dated 07/06/11
Procedure report medial branch block dated 06/17/11
Clinical records Dr. dated 03/14/11
MRI of the lumbar spine dated 04/12/11

PATIENT CLINICAL HISTORY SUMMARY

This case involves a female who injured her lower back on xx/xx/xx. She sustained the injury as a result of lifting an object while at work. She has received conservative care. On 03/14/11, she was seen by, Dr. for low back pain with radiation down the right lower extremity. She is noted to have a comorbid medical history of diabetes and hyperlipidemia. On physical examination, she is noted to have paravertebral tenderness, positive straight leg raise, decreased Achilles and patellar reflexes with normal toe and heel walking, and a sensory deficit in the right lower extremity. She was provided oral medications from Dr. She was referred for MRI of the lumbar spine, which was performed on 04/12/11. This study was essentially normal with the exception that at L3 there was a 15% to 20% compression fracture with no associated retropulsion of the bone, and at L5-S1 there is a 3-4 mm left paracentral discal substance protrusion, which mildly indents the thecal sac with a 4-5 mm of superior substance extrusion. On 06/17/11, she underwent lumbosacral medial branch blocks at L4-5. EMG/NCV study was performed on 07/06/11. EMG is reported as normal. There is a prolonged left sural latency on nerve conduction velocities suggestive of entrapment of the left sural nerve at the ankle. On 08/30/11, the claimant was referred to

LMSW for an initial clinical interview. She was experiencing psychological distress over concerns of her health as a result of her injury. She opined that this distress without intervention might impede her progress and her return to work. She is noted to experience several injury-related psychosocial stressors. She is opined to have depression and anxiety. She is noted to have poor pain management.

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

This woman has undergone conservative treatment consisting of oral medications, physical therapy, and interventional procedures. She participated in a Work Hardening Program and failed to progress. She is noted to have high levels of depression and anxiety, which require treatment to include psychotropic medications and now the requested individual psychotherapy. There is sufficient data contained in the records to establish that this woman would most likely benefit from six sessions of individual psychotherapy for her chronic pain syndrome, depression and anxiety. The reviewer finds that the previous adverse determinations should be overturned, and that there is medical necessity for 6 sessions of individual psychotherapy.

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)