



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 01/24/12

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Six sessions of psychotherapy

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. URA findings, 12/6/11 to 12/30/11
2. Behavioral Health, Office notes, 11/18/10 to 12/11/11
3. MD, office notes, 12/16/10 to 7/21/11
4. MD, office notes, 10/26/10 to 7/15/11
5. DC, office notes, 9/14/10 to 11/15/10
6. MD, RME, 5/13/09
7. Open Sided MRI, Lumbar MRI, 5/13/98

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This is a difficult case since there is severe cognitive dysfunction and depression, but the ODG criteria have been met for the requested six sessions of therapy. This claimant sustained a back and neck injury on xx/xx/xx. Extensive therapeutic measures have been performed, including epidural steroid injections, physical therapy, and multiple cervical

and lumbar surgeries. There is persistent neurological deficit and significant anxiety and depression are present. Medications include analgesics, antidepressants, and anxiolytics.

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

The ODG for cognitive behavioral therapy for low back problems include screening for patients with risk factors for delayed recovery. This claimant has significant risk factors. He has delayed recovery since this injury is twenty years old and there is persistent pain, anxiety, and depression. An attempt to quantitate the disability was performed, including a Minnesota Multiphasic Personality Inventory. The claimant has a sixth-grade education and became frustrated and irritable, and lacked understanding of the questions. This invalidated the instrument, which in itself is a risk factor for delayed recovery. The psychotherapy should be carried out at a very low educational level so the claimant can understand the purpose of behavioral therapy. The ODG indicates that physical therapy exercise instruction should be used prior to psychotherapy. This is in conflict to other ODG, which state that physical therapy is not indicated this late in the injury. Therefore, one cannot use these criteria to deny the requested psychotherapy.

There is significant evidence of cognitive impairment, delayed recovery, anxiety, and depression. Six sessions of psychotherapy are reasonable and meet ODG.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPH-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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)