



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

January 9, 2012

DATE OF REVIEW: 1/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Is the individual psychotherapy 1 time, 4 weeks, deemed medically necessary for this patient?

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

Texas State Licensed MD Board Certified Psychiatry & Neurology physician

REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 12/22/2011,
2. Notice of assignment to URA 12/19/2011,
3. Confirmation of Receipt of a Request for a Review by an IRO 12/22/2011,
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 12/19/2011
6. Insurance 12/14/2011, peer review report 12/13/2011, therapy documents 12/05/2011, insurance information 11/23/2011, peer review report 11/23/2011, testing results 10/25/2011, insurance information 10/12/2011.
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY

The patient has the date of injury of xx/xx/xx. She was referred for behavioral medicine consultation by her treating doctor, Dr., to assess her emotional status and to determine the relationship of the work injury.



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The patient underwent an MMPI-2-RF and Battery for Health Improvement, which were administered and scored and valid. The patient had the date of injury of xx/xx/xx, while performing customary duties as an LPN. She slipped on liquid and fell and injured both shoulders. After receiving treatment in the emergency room, she underwent further diagnostic testing and received surgery on the left shoulder on April 22, 2011. After completion of 22 sessions of postsurgical rehabilitation, the patient continued to have functional difficulties with pain complaints of 3/10. She completed a 10-day work-hardening program. Medications at the time of the evaluation included tramadol, aspirin, Glucophage, Norvasc, Avalide, and Vytarin. Pain reports were rated as 3/4 without activity since the injury with some interference in recreational and social activities and pain levels of 2/10 with normal activities. She was having functional difficulties secondary to pain complaints. There were some feelings of being abandoned by coworkers. She was sleeping about 8 hours per night fragmented.

Mental status examination found the patient to be cooperative, slightly annoyed and displeased, with a euthymic mood. On scales of 1-10, with 10 being the worst, she related scales of 1 for irritability/restlessness, frustration/anger, musculospasm/tension, nervousness and worry, sadness and depression, sleep disturbance, and forgetfulness and poor concentration. She scored zero on the BDI for indicating no depression, and the BAI revealed a score of 2, indicating minimal anxiety symptoms. The MMPI-2 was profiled and did not produce an elevated T score. She denied emotional problems and was reluctant to express frustration. The therapist diagnosed her with a pain disorder associated with both psychological factors and a general medical condition, chronic; Axis II: No diagnosis; Axis III: Injury to both shoulders, Axis IV: Problems with primary support group, economic and occupational; and Axis V: Current GAF 60, estimated pre-injury 85.

The case was reviewed and found to not be appropriate for the requested treatment as a result of the minimal psychiatric symptoms and normal MMPI.

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

After reviewing the documents provided, the reviewer's denial for the requested treatment, and references in the Official Disability Guidelines are appropriate. The clinical findings find a normal MMPI, minimal psychiatric symptoms. The diagnosis of a pain disorder with psychological factors and a general medical condition is not. The web-based Official Disability Guidelines for treatment for depression indicate that it is recommended. However, the objective and subjective findings do not support the diagnosis of depression, and the objective and subjective findings do not support the diagnosis of a pain disorder with psychological factors and a general medical condition, as her BDI-2 score was zero, indicating no depression; her BAI score was 2, indicating minimal anxiety; and she self-reported very minimal, if any, psychological symptoms. This is also consistent with the DSM-IV diagnosis for a pain disorder with psychological factors and a general medication condition, which is not met by the facts presented by Dr. Ali, MD, the psychiatrist requesting treatment; therefore, the insurer's denial of these services is upheld.



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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- 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)