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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy 6 sessions over 8 weeks

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

M.D., Board Certified Pain Medicine

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, Pain

11/09/11 and 12/06/11

Response to denial letter 11/09/11

Initial diagnostic screening 10/25/11, updated 11/22/11

Office notes D.C. 08/02/11-11/04/11

Consultation evaluation, 10/20/11

Patient notes M.D. 08/09/11-10/19/11

Maximum medical improvement determination and impairment rating evaluation, D.C. 09/01/11

Preauthorization request 11/04/11

Preauthorization appeal request 11/29/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx when he slipped and fell from a ladder onto the floor on his right knee. He has had multiple operations and arthroscopy and finally a unicompartmental total knee. He continues to complain of pain and still complains of dizziness. He cannot not straighten his leg and ambulation is severely limited. He cannot go up or down stairs. The claimant was seen for orthopedic consultation on 10/20/11. Plain films to make sure implant is appropriately aligned were recommended. The claimant was seen for initial diagnostic screening (90801) on 10/25/11. Current medications were listed as Norco, Darvocet N, and Ibuprofen. The claimant scored 14 on BDI (mild). BAI score was 25 (moderate). Sleep questionnaire score was 67 (extreme). Fear avoidance questionnaire score was 24 on physical subscale and 42 on word subscale indicating he is experiencing elevated levels of avoidance and fear related to work related injury and impact of his pain on current physical function. MMPI-II was administered. It was noted that because his presenting problems are likely to be somatic in nature he may not be very amenable to

psychological treatment approaches. Symptomatic treatment might include behavioral management of this individual's symptoms to reduce amount of learned pain behavior. The claimant was recommended to undergo individual psychotherapy.

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

This claimant sustained an injury to the right knee when he slipped and fell from a ladder. He has undergone multiple surgical procedures to the right knee including unicompartmental knee arthroplasty. He continues to complain of pain of the right knee. Initial diagnostic screening was done on 10/25/11, updated 11/22/11. There is no indication that the patient has been placed on any psychotropic medications.

The Official Disability Guidelines note that the gold standard of treatment is a combination of medication management and individual psychotherapy. It is also reported that cognitive therapy for depression or anxiety is only appropriate when it is the primary focus of treatment, which is not the case with this claimant who is reporting chronic pain. The reviewer finds that medical necessity does not exist for Individual psychotherapy 6 sessions over 8 weeks as the guidelines have not been satisfied.

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)