



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION

Workers' Compensation Health Care Non-network (WC)

DATE OF REVIEW: 3/12/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual Psychotherapy one x6.

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 2/23/2012,
2. Notice of assignment to URA 2/22/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 2/23/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 2/23/2012
6. Insurance information 2/22/2012, Medical information 2/17/2012, Insurance information 2/10/2012, Preauthorization request form 2/7/2012, Medical consultation information 1/26/2012, Medical information 1/11/2012.

PATIENT CLINICAL HISTORY

The patient is a male with a date of injury of xx/xx/xx. He sustained an injury at work, injuring his right shoulder and head. There is uncertainty as to loss of consciousness. Following his injury, the patient is still pending a neurological evaluation, and he has had conservative care. There is a request for physical therapy that is reported to be pending. His medications have been Motrin, meclizine, and Norco. The patient was referred to a psychologist for evaluation and treatment.

The therapist's evaluation found the patient to be 3 weeks post injury at the time of the evaluation. There was endorsement on self-report inventories of the Beck Depression Inventory-II and the Beck Anxiety Inventory finding self-report symptoms consistent with severe depression and moderate anxiety. The fear-avoidance beliefs questionnaire showed significant



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fear avoidance of work, as well as significant fear avoidance of physical activity. The patient was having complaints of frequent awakening during the night and significant pain with a VAS of 8/10 after the work injury. There were complaints of irritability and restlessness, frustration and anger, nervousness and worry, sadness and depression, and sleep disturbance and forgetfulness on the various questionnaires. Mental status examination does not specifically identify severe depressive mood or affect. Cognitive functioning is intact. The patient is provided a diagnosis of major depressive disorder, single episode, severe, without psychotic features, and pain disorder with psychological factors and general medical condition. The patient was recommended to continue in outpatient therapy for pain, anxiety, and sleep problems.

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

The patient on self-report has significant symptoms of anxiety and depression. However, mental status examination does not identify severe depressive mood and affect consistent with a major depressive disorder, severe, without psychotic features. In addition, the patient's symptoms are 3 weeks after injury and do not meet criteria for a chronic pain disorder. The records received document the patient is to have further medical evaluation. Therefore, the decision to proceed with psychotherapy at this point in time is premature and is not consistent with the Official Disability Guidelines for chronic pain; therefore, the insurer's denial is upheld.

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 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)