

Independent Reviewers of Texas

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Notice of Independent Review Decision

[Date notice sent to all parties]:

12/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Unlisted Physical Medicine/Rehabilitation service or procedure Dates of Service
From 11/02/2012-12/02/2012

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

Texas Licensed Psychologist

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse
determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical
necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

10/11/12- DC.

10/19/12- MA, LPC-S

11/5/12- PhD.

11/6/12- Denial letter from

11/15/12- DC

11/16/12-
11/19/12- PhD
11/20/12-

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker was injured on xx/xx/xx while working as a xx the construction industry. Her job duties required he work at a very heavy PDL. She reported experiencing headaches, weakness and restricted range of motion in the neck and back due to Benzene exposure. An FCE indicated restricted range of motion in the lumbar and cervical spine.

Records indicate that the injured worker completed approved individual psychotherapy sessions and PT. Records state that the injured worker made minimal progress due to poor coping skills, anxiety, depression and pain complaints. She has not been able to return to work, her level of pain on an average day is 6/10. The medical records state that she did improve while attending individual psychotherapy but her overwhelming fear of reinjury along with lack of solid coping skills was holding her back from successful achieving the level of performance necessary for the job requirements. Her scores on BDIII during the initial interview and after completion of psychotherapy sessions were 51 (severe) and 32 (severe). Her scores on BAI during the initial interview and after completion of psychotherapy were 63 (severe) and 24 (moderate). Her score on SOAPP-R was 44, indicating a high risk for abuse of prescribed narcotic pain medication. Her FABQ scores indicated a high degree of fear of re-injury regarding returning to work (42 of 42) and physical activity (20 of 24).

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

ODG criteria for chronic pain management program requires:

(2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.

Documentation states "all lower levels of care have been exhausted". Records indicate that the claimant completed approved individual psychotherapy sessions and physical therapy. Regarding psychotherapy, records state that the claimant demonstrated minimal improvement and limited psychotherapy proved to be helpful. Records provide pre and post test scores of self report psychological measures but there is no record of the number of sessions provided. Records provided do not state the number of physical therapy sessions completed and there are no records regarding the claimants compliance with physical therapy or the claimants response to physical therapy. There is no documentation to suggest that any other lower levels of care were considered

or provided.

(3) An adequate and thorough multidisciplinary evaluation has been made

© Psychological testing using a validated instrument to identify pertinent areas that need to be addressed in the program (including but not limited to mood disorder, sleep disorder, relationship dysfunction, distorted beliefs about pain and disability, coping skills and or loss of control regarding pain and medical care or diagnosis that would better be addressed using other treatment should be performed; (d) An evaluation of social and vocational issues that require assessment.

Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related...The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation.

While records provide scores of several self report measures (BDI-II, BAI, SOAPP-R and FABQ), there is no documentation that a psychological evaluation was performed to adequately address the psychological components outlined per ODG so they can be incorporated into an individualized treatment plan.

Therefore, 80 units of chronic pain management program for Benzene exposure including #97799 are not medically necessary.

IRO REVIEWER REPORT TEMPLATE -WC

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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