



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

**DATE OF REVIEW:** 7/13/2015

**IRO CASE #:**

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

6 sessions individual psychotherapy sessions

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

Texas State Licensed MD Board Certified Psychiatrist.

**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)

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.

**PATIENT CLINICAL HISTORY:**

The patient is an individual who suffered an injury on xx/xx/xx after a slip and fall incident. The patient was diagnosed with rule out neurocognitive disorder due to traumatic brain injury with behavioral disturbance, rule out neurocognitive disorder, due to traumatic brain injury with behavioral disturbance, rule out unspecified neurocognitive disorder along with major depressive disorder, single episode. She has also been diagnosed with somatic symptoms with predominant and persistent pain. She also has a history of posttraumatic stress disorder.

Previous treatment included physical therapy, cervical collar, medication, vestibular therapy and psychotherapy visits. All were reported to be helpful. She has had 10 individual psychotherapy visits in the past. The patient had a cervical fusion in 2009. A CT of the head on 04/04/2014 was negative for hemorrhage or mass effect. She had an MRI on 04/04/2014, which was negative for acute processes. The patient had a CT myelogram of the cervical spine from 07/30/2014 which documented previous anterior cervical fusion at C5-6 with complete and solid fusion.

The patient's pain has persisted. Her average daily pain rating was between 8 and 10 on a 1-10 scale. She has pain in the neck, upper to mid back, and pain in the right shoulder. The pain radiates down her arm.

According to the records, the patient displays cognitive distortions and appears to have some symptoms of posttraumatic stress disorder. Since the initial injury, she has had neurological symptoms including loss



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of smell, blurred vision, ringing in the ears, muscle spasms in the arms and legs, difficulty walking and coordination problem.

The provider treatment plan includes cognitive behavioral techniques such as decreasing current symptoms and improving mood and irritability. The provider intends to increase pain control strategies and felt self-hypnosis. Education will be used to improve the patient's sleep and use of sleep hygiene measures. Psychotropic medications will be used as indicated for mood stabilization.

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

The patient currently suffers from several psychiatric disorders including major depressive disorder, posttraumatic stress disorder, and somatization disorder. All of these current diagnoses would benefit from a brief course of individual psychotherapy. The patient could learn improved coping skills to deal with the somatic complaints such as pain. In my opinion, the patient would greatly benefit from 6 weeks of psychotherapeutic intervention. She has had an extensive medical workup and treatment modalities, which have only partially treated her current symptomatology, she suffers from a full range of medical and psychiatric symptom. In my opinion, brief interventional psychotherapy would be a benefit for the patient.

### **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)