



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 12/28/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

6 sessions of individual psychotherapy

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

Texas State Licensed MD Board Neurologist

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 injured employee reportedly sustained an injury on XX/XX/XX when he was involved in a motor vehicle accident when he was rear-ended by another truck. He is a male who complains of post-concussive type symptoms. He has had diagnostics, consults, and medications for his injury. A neuropsychological evaluation dated XX/XX/XX notes that the patient experiences symptoms to include photo and sound sensitivity, lumbar pain, depression, and anxiety. An MRI dated XX/XX/XX was unremarkable. He scored 73 on the PTSD Checklist and he was noted to have severe symptoms of depression and mild symptoms of anxiety. He obtained a score within the severe range on the Patient Competency Rating Scale and scores in the moderate to severely impaired range on the Activities of Daily Living scale. He has noticed a change in his sense of smell and taste, blurred vision, and ringing in his ears. He reports having memory problems and headaches, difficulty with concentration, and sleep problems. His IQ scores ranged from the low average to the average range. He was found to have "Major Depressive Disorder, severe, without psychotic features" and "Mild neurocognitive disorder due to TBI." A recommendation for psychotherapy was made along with other recommendations.



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

The information submitted notes that the patient sustained an injury at work in which he was involved in a motor vehicle accident. He reportedly has experienced symptoms associated with a post-concussive syndrome since to include headaches, difficulty concentrating, memory problems, sensory problems, and poor sleep. He apparently has concurrent psychiatric symptoms as well following his injury. Based on the available information, the request for six sessions of psychotherapy to address his psychological symptoms of distress appears to be reasonable and necessary, per ODG guidelines.

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)