



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 04/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Individual psychotherapy (90806) BFB TRAINJ ANY MODALITY (90901)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
M.D., board certified in General Psychiatry and Child and Adolescent Psychiatry

REVIEW OUTCOME:
Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
922.1	90806		Prosp.						Upheld
847.1	90901		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This case involves a male who sustained a work injury to his chest and thoracic spine on xx/xx/xx while performing his customary duties. While driving a company truck, the trailer came loose from the truck, causing a motor vehicle collision. He reported immediate chest wall pain and upper back pain. He was seen in the emergency room. A CT scan of the chest was negative. X-rays of the thoracic spine and ribs were normal. On 06/22/09 an x-ray of the left knee showed no evidence of fracture.

Treatment Summary/Reassessment dated 01/07/11 noted the following psychological diagnoses: AXIS I, 307.89, pain disorder associated with both psychological factors and a general medical condition, chronic; AXIS II, V71.09, no diagnosis; AXIS III, injury to chest and back - see medical records; AXIS IV, primary support group, economic, occupational; GAF=60 (current), GAF pretreatment=60. Estimated pre-injury GAF=85+.

The patient's response to treatment was positive. He was compliant with the prescribed treatment and showed successful improvements. Even though the patient has shown progress in session and at home with reducing negative symptoms through utilization of relaxation techniques and abdominal breathing, he still reports some difficulty performing successfully on his own. Summary in the notes state that the patient has improved the ability to cope with pain and limited mobility. The improved functionality has created a stronger sense of confidence which has contributed to reducing current negative symptoms. Patient has implemented a wide range of coping mechanisms including improved social relations, relaxation techniques, and self-hypnosis to great effect and reduction of negative symptoms. The patient is pushing himself through the pain and is being successful at improving physical functionality.

Initial behavioral medicine consultation dated 07/22/10 notes that the patient was referred for a behavioral health consultation at the directive of his treating physician. It is noted that current medications include the following: Vicodin, Darvocet-N 100 1 p.o. q.i.d. per patient report. Patient's description of pain noted that he rated his pain as 7/10. Average daily pain level is 8/10 since the work injury. The patient rates the level of interference of his pain as with regard to his recreational, social, and familial activities as 5/10. He rates interference with normal activities as 5/10. Lifestyle changes related to the injury note that he expressed he can no longer exercise like he did before. He relates he has problems with bending and states that he is unable to lift the amount he used to be able to carry. He reports his level of overall functioning prior to his injury is 90% and current level of overall functioning is 35%. He endorses both initial and sleep maintenance insomnia. He reports sleeping seven hours per night prior to the work injury and currently sleeping five fragmented hours per night. On mental status exam/clinical observation, it was noted that mood was dysthymic. Thought content was positive for minimizing problems about his injury. He related irritability and restlessness at 4/10, frustration and anger 9/10, muscular tension/spasm 5/10, nervousness and worry 2/10, sadness and depression 2/10, sleep disturbance 3/10, and forgetfulness/poor concentration 4/10. Multiaxial diagnosis noted the following: AXIS I, 307.89, pain disorder associated with both psychological factors and a general medical condition, chronic, secondary to the work injury; AXIS II, V71.09, no diagnosis; AXIS III, injury to thoracic spine and chest - see medical record; AXIS IV, primary support group, occupational injuries; AXIS V, GAF=60 (current), estimated pre-injury GAF=85+.

Addendum dated 07/22/10 notes the following: Testing administered. Results of the Beck Depression Inventory II and Beck Anxiety Inventory reveal the following: the patient scored 9 on the Beck Depression Inventory-II indicative of minimal depression. He scored 17 on the Beck Anxiety Inventory indicative of moderate anxiety. His responses on the Fear Avoidance Beliefs Questionnaire showed significant fear avoidance of physical activity in general. FABQ-PA equals 17, although the patient did not endorse significant severe avoidance of work. FABQ-W equals 23.

Follow up dated 10/07/10 notes the following: Subjective: He is here to follow up his chronic right leg, right hip, left chest wall, and left mid-thoracic back pain. He is still very frustrated with Workers' Compensation and will probably seek an attorney in for this claim. They have denied MRI scan of the thoracic spine. Impression: 1) chronic left thoracic back pain; 2) myofascial pain; 3) chronic left chest wall pain; 4) right hip sprain/strain.

On 03/30/10 it was noted that based on neuromuscular examination, the examinee shows no objective sensory deficit and no objective motor deficit of the thoracic spine and upper extremities. Upon review of the medical records and physical examination, the examinee shows clinical evidence of thoracolumbar injury without radiculopathy or loss of motion segment integrity. Based on Table 74, DRE Category II, page 111, he is assigned a whole person impairment rating of 5% due to this condition.

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

The documentation in the records as well as by peer review indicates that the patient has plateaued in treatment, there is no role for continued active treatment, and the overall whole person impairment was determined to be 5%. Based on these findings, there is no evidence to support the need for continuing psychotherapy or biofeedback related to the injury.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.


INDEPENDENT REVIEW INCORPORATED

- Interqual Criteria.
- Medical judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a Description.)