

MEDICAL REVIEW OF TEXAS

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
FAX: 512-288-3356

DATE OF REVIEW: **MAY 2, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Individual psychotherapy 1 x 6 weeks and biofeedback psycho physiological profile assessment

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

MD, Board Certified in Psychiatry

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Workers' Compensation review determination by Dr. (adverse), 1/1//07
- medical records
- Request for reconsideration of participation in individual psychotherapy and biofeedback psycho physiological assessment, 1/4/07
- focus functional testing, 1/3/06
- Behavioral medicine re-evaluation by MA, 8/22/06

- Evaluation for Texas Workers' Compensation Commission by Dr. March 2006
- History and Physical by Dr. 7/25/06
- Appeal request 8/23/06
- Request for pre-authorization for chronic pain management program x 20 sessions, 8/3/06
- Adverse determination for requested chronic pain management program x 20 sessions, 8/8/06
- Texas Health Work Hardening daily notes
- evaluation Summary Report, 5/2/06
- laboratory report, 5/8/06
- Peer Review, 5/31/06
- Evaluation Summary report, 5/25/06
- Daily activity sheets
- X-ray series, 5/22/05
- MRI cervical spine and right wrist without contrast studies, 7/22/05
- Clarification of request letter by PhD., 7/14/05
- daily notes reports
- consult by Dr. 9/26/05
- Neuropsychological screening evaluation by Dr. 12/19/05
- Initial behavioral medicine consultation by MD and MA
- Letter of approval for neuropsychological testing, 12/13/05

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who had a work related injury to his head and left hand when a 100 pound object landed on his head and nose. He sustained multiple facial lacerations and a concussion without loss of consciousness. He developed severe difficulties with ambulation after the injury. The patient was initially treated by Dr.. He was receiving orthopedic care from Dr.. The imaging studies (MRI) revealed lordosis suggestive of muscular pain/spasm and 2-3mm posterior cervical disk protrusion contacting spinal cord. His recent medications included Naprosyn 500mg twice daily, Mecklesine 25mg, Lisinopril, Ambien 10mg, Gliburide, Flexeril 10mg, Elavil 50mg, Metformin, and Hyzaar. His medications were monitored by Dr. The patient's past medical history is significant for diabetes mellitus and hypertension. There is no history of any back or spinal problems. There is no previous history of head injury. There is no history of loss of consciousness. There are no past or present substance use problems.

He had an initial behavioral medicine consult and was referred to a traumatic injury facility to Dr. for comprehensive brain injury evaluation. Dr. requested insurance preauthorization for a battery of tests, including MMPI, Halstad-Reitan, WASI-III. Only the abbreviated version of tests was approved. The test resulted appeared to be valid. The Health Attribution Test score demonstrated that the patient indorsed internal loss of control and takes responsibility for his own health maintenance and a progress in a medical treatment plan.

The patient failed Work Hardening Program in March 2006. The chronic pain management program x 20 sessions was requested 8/3/06 but that service was not approved. The patient has severe problems with ambulation. He complains of low back, cervical and other pain. His Beck Depression inventory score is 59 (progressed from severe to very severe depression) and Beck Anxiety Inventory is 34 (severe anxiety). Sleep is disturbed, with initial and sleep maintenance insomnia. Appetite is decreased, and weight loss was 15 pounds over the past 6 months. He has decreased memory, irritability, and restlessness. There is no history of psychological morbidity before injury.

The patient's English is limited. He lives with a roommate. He has been off work since the injury and is under severe financial stress. He has to go for food assistance. He failed to realize a target goal of 75% reduction in any active symptom. The individual psychotherapy (6 weekly sessions) and biofeedback psycho physiological assessment was requested and subsequently denied by the insurance company.

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

THE PATIENT SUFFERED A PHYSICAL INJURY WHICH LED TO SEVERE PAIN PROBLEMS, IMPAIRED AMBULATION, AND AFFECTED DAILY LIVING. THE PHYSIAL AND IMAGING FINDINGS ARE CONSISTENT WITH THE PATTERN OF PAIN AND MECHANISM OF INJURY. THE PATIENT HAS BEEN OFF WORK SINCE THE ACCIDENT, MADE VERY LITTLE PROGRESS, AND EXPERIENCED A SIGNIFICANT PSYCHOLOGICAL AND FINANCIAL STRESS. HE PRESENTS WITH THE CLUSTER OF SYMPTOMS SATISFYING THE DSM-IV CRITERIA FOR MAJOR DEPRESSIVE DISORDER. THERE WAS NO HISTORY OF PSYCHIATRIC MORBIDITY PRIOR TO THE INJURY. THE CAUSATION BETWEEN THE INJURY AND THE PATIEANT'S CURRENT PATHOLOGICAL CONDITION IS INDISPUTABLY ESTABLISHED. THE REJECTION LETTER IS FOCUSING ON SMALL TECHNICAL DETAILS OF INSURANCE COMPANY REGULATIONS. IT IS TRYING TO OBSCURE THE PICTURE AND TO BURY THE ESSENCE OF THE MATTER IN SCHOLASTIC ELABORATIONS. MEANWHILE, THE ISSUE IS NOT AS COMPLICATED, AND CAN BE EXPRESSED AS SIMPLE FOLLOWS: 1) THE PATIENT HAS DEPRESSION; 2) DEPRESSION NEEDS TO BE ADDRESSED; 3) PSYCHOTHERAPY IS AN EFFECTIVE TREATMENT FOR DEPRESSION (AND ESPECIALLY SUITABLE IN THIS CASE WHEN IT IS CLEARLY SITUATION RELATED). THE EFFECTIVENESS OF PSYCHOTHERAPEUTIC INTERVENTION IN CHRONIC PAIN IS SUPPORTED BY NUMEROUS RESEARCHES AND IS THE STANDARD OF CARE IN THIS COUNTRY AND WORLDWIDE. "PSYCHOLOGICAL FACTORS ARE CENTRAL TO THE EXPERIENCE OF PAIN AND FOR THE SPECIFIC TREATMENT OF CHRONIC PAIN AND DISABILITY. THE EVIDENCE FOR THE EFFECTIVENESS OF COGNITIVE-BEHAVIORAL THERAPY FOR ADULTS WITH CHRONIC PAIN IS NOW WELL ESTABLISHED. THIS TREATMENT SHOULD BE AVAILABLE AS

A CORE PART OF ANY CHRONIC PAIN SERVICE.” [ECCLESTON C. ROLE OF PSYCHOLOGIY IN PAIN MANAGEMENT. BR J ANAETH. 2001 JUL;87(1):144-52] “COGNITIVE BEHAVIORAL THERAPY (CBT) HAS BEEN SHOWN TO BE VERY EFFECTIVE IN ACHIEVING IMPROVEMENTS WITH PATIENTS WHO SUFFER CHRONIC PAIN.” [RONALD D, PRINCE J, KOPPE H. PATIENT CENTERED CBT FOR CHRONIC PAIN. AUST. FAM. PHYSICIAN, 2004 MAY;33(5):339-44] “THE GENERAL FINDING IS THAT A MAJORITY OF PATIENTS WITH CHRONIC PAIN HAVE AN INTERCURRENT PSYCHIATRIC DISORDER – COMMONLY A MOOD DISORDER – WITH MAJOR DEPRESSION OR DYSTHYMIC DISORDER ... WHERE A CLEAR DEPRESSION OR ANXIETY STATE IS PRESENT, IT SEEMS OBVIOUS THAT TREATMENT SHOULD BE DIRECTED SPECIFICALLY TOWARD THE PSYCHIATRIC DISORDER IN ADDITION TO ATTENDING TO PAIN.” [LANGE R. PSYCHOLOGICAL ASPECTS OF PAIN.” ANN. OF THE RHEUMATIC DISEASES 1996;55:340-345.]

THE SAME IS TRUE FOR BIOFEEDBACK TREATMENT, WHICH IS QUITE APPROPRIATE IN THIS CASE BECAUSE THE PATIENT DID NOT RESPOND WELL TO OTHER TREATMENT MODALITIES.

Medical Review of Texas

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
 - * ECCLESTON C. ROLE OF PSYCHOLOGY IN PAIN MANAGEMENT. BR J ANAETH. 2001 JUL;87(1):144-52
 - * RONALD D, PRINCE J, KOPPE H. PATIENT CENTERED CBT FOR CHRONIC PAIN. AUST. FAM. PHYSICIAN, 2004 MAY;33(5):339-44

* LANGE R. PSYCHOLOGICAL ASPECTS OF PAIN.” ANN. OF
THE RHEUMATIC DISEASES 1996;55:340-345

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**