

MATUTECH, INC.

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DATE OF REVIEW: NOVEMBER 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Four sessions of Individual Counseling (90806)

JAMES L. CLAGHORN, MD
DISTINGUISHED LIFE FELLOW, AMERICAN PSYCHIATRIC ASSOCIATION

REVIEW OUTCOME

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

X Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Healthcare:

- Office notes (08/29/07 – 10/10/07)
- Radiodiagnostic & Imaging studies (xx/xx/xx – 10/03/05)
- Electrodiagnostic studies (05/11/06)
- Physical Therapy (xx/xx/xx -12/15/06)
- Procedures & Surgery notes (07/18/06 – 07/24/07)
- Required Medical Evaluation (03/08/07)
- Designated Doctor Examination (06/11/07)
- Peer Review (10/24/07)
- Notice of Disputed Issue, DWC PLN-11 (03/30/07 – 10/25/07)
- Utilization Review (09/21/07)
- Letter submitted for IRO review (11/04/07)

Insurance:

- Office notes (08/29/07 – 10/08/07)
- Radiodiagnostic & Imaging studies (xx/xx/xx – 10/03/05)

- Electrodiagnostic studies (05/11/06)
- Physical Therapy (xx/xx/xx -12/15/06)
- Procedures & Surgery notes (07/18/06 – 07/24/07)
- Required Medical Evaluation (03/08/07)
- Designated Doctor Examination (06/11/07)

Law Office:

- Radiodiagnostic & Imaging studies (xx/xx/xx – 10/03/05)
- FCE (03/08/07)
- Required Medical Evaluation (03/08/07)
- Designated Doctor Examination (06/11/07)
- Peer Review (10/24/07)
- Notice of Disputed Issue, DWC PLN-11 (03/30/07 – 10/25/07)
- Letter submitted for IRO review (11/04/07)

Texas Department of Insurance:

- Utilization Review/Notification of Determination (09/21/07 & 10/17/07)

ODG guidelines have been utilized in the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who injured her left ankle on xx/xx/xx, when her left foot got caught under the pallet jack.

Initial x-rays were negative. She was diagnosed with contusion of the left ankle and left foot. Initial treatment included ACE bandage, elastic ankle support, medications, and extensive physical therapy (PT).

MRI of the left ankle was negative.

In January 2006, M.D., performed left ankle injection. M.D., diagnosed superficial peroneal and sural nerve impingement of the left ankle. Electrodiagnostic studies revealed possible left posttraumatic tarsal tunnel. Dr. administered superficial and sural nerve blocks x2.

On July 18, 2006, Dr. performed left ankle arthroscopy with debridement and chondroplasty, superficial peroneal nerve and sural nerve neurolysis of the left ankle. From August 2006, through December 2006, the patient underwent extensive postoperative occupational therapy (OT). However, she continued to have pain and therefore steroid injections were administered by Dr. into the left ankle. An air cast was applied and Neurontin was initiated for neurologic symptoms.

M.D., diagnosed complex regional pain syndrome (CRPS) of the left lower extremity and prescribed medications.

D.O., evaluated the patient for persistent left leg pain with additional complaints of lower back pain, sleeping difficulty, and abnormal gait. He diagnosed lumbar disc disorder and lumbar nerve root lesion and felt that the back injury also occurred at the time of the injury of xx/xx/xx. He administered lumbar paravertebral nerve blocks x3.

M.D., conducted a required medical evaluation (RME) and felt that the patient had sustained a soft tissue strain/sprain of the left ankle and foot and had no objective findings on any diagnostic studies to verify significant structural pathology. He recommended maintenance follow-up treatment with medications and consideration of tricyclic antidepressants. M.D., a designated doctor, assessed clinical maximum medical improvement (MMI) as of June 11, 2007, and assigned 1% whole person impairment (WPI) rating.

D.O., performed lumbar sympathetic block x3 and eventually implanted temporary leads for the spinal cord stimulation (SCS) trial on September 7, 2007. However, the leads were removed as the patient felt uncomfortable in her back. In the interim, she underwent a psychological evaluation at Healthcare and was noted to have severe anxiety and depression symptoms. Her Beck depression inventory (BDI) score was 50 and Beck anxiety inventory (BAI) score was 38. An interdisciplinary chronic pain program was recommended prior to the trial of SCS, but this was denied due to the SCS issue. On September 18, 2007, request for individual counseling was made.

On September 21, 2007, M.D., denied the request for individual counseling. Rationale: *The case was discussed with Ms. (Healthcare) who is unaware of any medical issues that have arisen since the patient was seen on August 6, 2007, for the initial evaluation for the pain program. There has been no contact with the patient since the initial evaluation. Additionally, she is unaware of the treatment plan being presented for this patient. With this situation there can be no medical necessity justification for the current request.*

On October 10, 2007, Ms., appealed against the denial of individual counseling and stated that it was highly unlikely that the patient's psychological status had changed since the initial evaluation at which time the BDI and BAI scores were 50 and 38 respectively.

On October 17, 2007, M.D., denied the appeal with the following rationale: *The patient has a 26-month history of ankle pain complaints with normal physical examination and normal MRI. She proceeded with ankle surgery nonetheless and ankle pain complaints apparently continued without change. There is inadequate evaluation to justify treatment based on pain complaints; specifically, MMPI-2 evaluation for possible somatoform issues.*

On October 24, 2007, Dr. performed a peer review and opined that a trial of SCS was not related or reasonable to the effect of the work injury and there was no evidence of any CRPS.

Carrier disputes extent of injury to include CRPS of the left lower extremity, low back, depression, anxiety, and sexual dysfunction.

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

I approved prior decision to deny.

Inadequate evaluation has been performed to establish a diagnosis requiring treatment. The presence of symptoms of anxiety and depression are not of themselves adequate to establish a need for therapy. In the event a Major Depression was diagnosed, this condition is not a result of trauma and would not be compensable in any event.

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

I rely on information related to Psychiatry as I am unfamiliar with the sources listed. Those I include are:

1. The DSM IV-TR.
2. Guidelines for the Treatment of Psychiatric Disorders, 2004, of the American Psychiatric Association.