

June 9, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-2510-01
TWCC#:
Injured Employee:
DOI:
IRO Certificate No.:

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am _____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Letter of medical necessity and office notes.
Psychological evaluation (03/27/03) and designated doctor evaluation.

Clinical History:

This claimant is a 60-year-old female who injured her lower back in a work-related accident that occurred on 11/___/01. She experienced pain in her abdomen and lower back. The claimant had hernia surgery performed on 12/31/02 and was diagnosed with herniated lumbar disc following MR Imaging series of the lumbar spine. Functional capacity evaluation (FCE) performed on 03/01/03 revealed that the claimant was functioning within a light physical demand classification (PDC). On/about 03/27/03, the claimant participated in a work-hardening program and records show that she has not

been able to return to employment in any capacity. Psychological evaluation that was performed on 03/27/03 revealed that the claimant had significant depression and anxiety symptoms. Peer review on 07/04/03 revealed that the claimant was not a candidate for any further therapeutic treatment for the 11/19/01 work-related injury.

Disputed Services:

Biofeedback and psychological testing during the period of 04/14/03 through 04/23/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the biofeedback and psychological testing in dispute as stated was not medically necessary in this case.

Rationale:

The requesting provider has failed to establish a psychosocial baseline of data that would warrant the application for the behavioral therapeutics in the management of this claimant's current medical condition. In the psychological testing that was performed on 03/27/03, the behavioral provider failed to substantiate the degree of anxiety and depression that was experienced by the claimant in any number of accepted psychometric tools. Failure to identify an accurate baseline of psychosocial dysfunction in quantifiable terms, makes the evaluation performed on 03/27/03 heavily weighted in subjective material that is allowed to be opened by interpretation of the clinician. Open-ended assessment does not allow for the accurate implementation of a psychosocial baseline, and further does not allow for an accurate method of establishing efficacy for any applied therapeutic trial.

The provider's request for biofeedback sessions and psychological testing is not well-grounded in the medical record that was submitted for this review.

The afore-mentioned information has been taken from the following guidelines of clinical practice and/or peer reviewed references.

- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice.* Washington State Chiropractic Association; 2001 54p.
- Richter, P. et al. *Measuring Treatment Outcome by the Beck Depression Inventory.* Psycho Pathology. 1997; 30 (4): 234-40.
- Wade, J. B. et al. *An Emotional Component Analysis of Chronic Pain.* Pain. 1990. Mar; 40 (3): 303-10.

Sincerely,