

November 4, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-03-0116-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD who is specialized in Pain Management and board certified in Anesthesiology. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 28-year-old Hispanic male who suffered a right shoulder injury on \_\_\_ during the usual course and scope of his work as a truck driver for \_\_\_. He reportedly fell while washing his truck. An extensive work-up of the injury has been made, including x-rays, MRI, nerve conduction study, physical therapy and shoulder injections for pain. He takes hydrocodone/acetaminophen every six hours and Tramadol/acetaminophen twice daily for pain. The patient continues to complain of right shoulder pain despite the lack of evidence of the need for surgical intervention.

On 7/16/02 a psychophysiological profile assessment was performed with authorization for six sessions of biofeedback training. The records submitted for review do not indicate that the biofeedback sessions have yet begun. Nevertheless, an additional four hours of psychological testing was requested by \_\_\_, and her supervising Psychologist, \_\_\_.

#### DISPUTED SERVICES

The service in dispute is psychological testing.

## DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

Based on the records submitted, the request for four hours of psychological testing is not medically necessary at this time.

As \_\_\_ indicates in the letter dated 8/15/02:

*“Psychological assessments are an essential tool to identify behavioral, emotional, or personality-related conditions which are found to hinder response to treatment and rehabilitative efforts but are responsive to brief interventions that focus on increasing medical compliance and enhancing treatment outcomes. Use of psychological assessment measured such as the MMPI-2 are considered to be the standard of care by the A.M.A. for assessing patients in pain.”*

As \_\_\_ states, specific psychological assessments such as the MMPI-2 are valuable and well-established tools for assessing patients in pain. Nevertheless, \_\_\_ needs to complete his already-approved six sessions of biofeedback before considering further psychological testing. Upon completion of the biofeedback sessions, a determination of the need for further testing can be made. Biofeedback is a valuable pain coping strategy for patients with most any chronic intractable pain, and once learned properly, can be used lifelong for pain management without reliance upon medications.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).