

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-3703.M2**

**NOTICE OF INDEPENDENT REVIEW DECISION**

**Date:** May 22, 2003

**RE: MDR Tracking #:** M2-03-0955-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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 proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a psychologist physician reviewer who is board certified in psychology. The psychologist physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

**Clinical History**

This fifty-six year old male reportedly was injured while working on \_\_\_\_. He reportedly fell on wet pavement while installing a sprinkler system. As a result of the slip and fall, he sustained injuries that were diagnosed by a chiropractor as herniated disc at L5-S1, probable lower cervical herniated disc, diffuse axonal injury in the form of a concussion resulting in migrainous headache syndrome, traumatic left cubital syndrome, torn left lateral posterior meniscus, left ankle sprain, and multiple contusions. On 09/11/02, the chiropractor referred the claimant to a psychologist. The doctor performed a psychological evaluation and diagnosed the claimant with Major Depression, single episode, severe, and recommended ten sessions of individual psychotherapy and ten sessions of biofeedback. The claimant was also noted to be depressed on 06/18/02 by the doctor, and on 06/21/02 by the doctor. The claimant was treated with individual psychotherapy from 11/25/02 to 01/20/03 a counselor in the same group, for a total of six sessions. At the time of discharge it is reported that he was doing well emotionally and she felt that he could persevere. He was described as having more faith and was more hopeful. He completed the ten sessions of biofeedback between 12/23/02 and 03/24/03. There is no reference made as to why he did not required the four additional sessions of individual psychotherapy that had been requested and presumably authorized. He has had back surgery and a great deal of conservative treatment. He continues in treatment with the doctor.

**Requested Service(s)**

Individual psychotherapy for ten sessions.

**Decision**

I agree with the insurance carrier that individual psychotherapy for ten sessions has not been justified as medically reasonable and necessary.

**Rationale/Basis for Decision**

The documentation that has been provided gives no indication as to why additional psychotherapy is being requested.

The request for services made on 03/24/03 was denied because of a lack of documentation of necessity and the lack of treatment plan. The appeal of the denial was also denied on 04/01/03 for the same reasons that formed the basis for the original denial. The claimant had been discharged from psychotherapy on 01/20/03 after six of the ten requested sessions were completed. The discharge suggested that the therapist felt the claimant had reached the original treatment goals. The new request for individual psychotherapy was made without documentation of any reason that therapy should be initiated again. There was no indication of a change in condition. There is no indication that a qualified mental health provider reassessed the claimant and found a condition that required a treatment plan that required the requested individual psychotherapy. The customary standard of care in psychotherapy would require an evaluation prior to reinitiating individual psychotherapy after a claimant had been discharged from treatment.

**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.

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

**If disputing other prospective medical necessity (pre-authorization) decisions** 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

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

This decision by the IRO is deemed to be a TWCC decision and order.