

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

**SOAH DOCKET NO. 453-04-1319.M2**

October 28, 2003

Re: MDR #: M2-03-1697-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a Licensed Professional Counselor.

**Clinical History:**

This male claimant suffers chronic/intractable back pain resulting from a work-related accident on \_\_\_\_. He has been unable to obtain and retain employment since 05/01/00. There is a pre-existing three-level degenerative disc disease and herniation for which multiple injections have not provided long-term relief.

**Disputed Services:**

Eight weekly sessions of individual counseling at 45-60 each.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the individual counseling as indicated is medically necessary in this case.

**Rationale:**

An individual's job is closely aligned with his identity. When an individual's work capacity is limited or results in change, it causes low self-esteem and takes a toll on one's self-worth. Individuals dealing with chronic/intractable pain become "pain weary" to the point of becoming depressed. Pain affects the whole person – mind, body and spirit.

Of major concern is how this accident has affected the patient psychologically. The report states that this patient is severely depressed. Also, it is important to note that this patient is grieving the loss of some of his physical functioning that has already brought changes in his life, affected his future, and impacted his family.

Research has proven that psychological treatment has helped individuals suffering with chronic/intractable pain and depression. Approximately 3-4 years ago, the *New England Journal of Medicine* reported a study of 1,500 persons that proved alternative medicine had positive health effects. The American Academy of Pain Medicine advocates for pain management to be multi-disciplinary in approach.

Psychotherapy sessions can include alternative medicine with highly effective techniques, such as visualization and guided imagery. Along with cognitive therapy, these techniques can foster courage and optimism, enhance self-esteem, and reduce anxiety and stress. The therapist can help guide the patient to accept his loss and pain, to develop coping skills, and to learn to live with the pain.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician 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 care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

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

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 28, 2003

Sincerely,