

## **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

MDR Tracking Number: M2-04-0565-01  
IRO Certificate No.: 5259

December 18, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_.

### **CLINICAL HISTORY**

A 34-year-old male with history of a previous neck surgery was subsequently involved in a compensable rear-end motor vehicle accident that reportedly aggravated his underlying condition. He eventually presented to a doctor of chiropractic who referred him to a psychotherapist who, after his initial evaluation, requested 12 sessions of individual psychotherapy.

### **REQUESTED SERVICE (S)**

Prospective medical necessity of 12 individual psychotherapy sessions.

### **DECISION**

Denied.

### **RATIONALE/BASIS FOR DECISION**

The records submitted for review detail a somewhat lengthy history of chronic neck pain. Following a 'lifting incident' on \_\_\_\_, \_\_\_ received ongoing treatment for his cervical pain that eventually led to a surgery in

April 2002 that included disc removal and placement of a titanium plate with screws at C5-6.

Other than the post-operative notes that were written on 5/16/02, there are no other records on this patient until 12/12/02 when \_\_\_ returned to \_\_\_ on referral from the surgeon for additional nerve blocks at “the CSC.”

On that encounter, \_\_\_ writes: “He complains of neck pain. The location of discomfort is on the right side. It radiates to the right shoulder, right arm, and hand. The pain is characterized as moderate in intensity and server. Initial onset was one year ago. The precipitating event seems to have been lifting. Medical history is pertinent for neck surgery. C5-6 disc associated symptoms include headache and right upper extremity paresthesia.”

The records then detail a cervical epidurogram, placement of cervical catheter and decompressive neuroplasty performed by \_\_\_ on 2/05/03, with an immediate re-injection of a cervical catheter, plus removal of catheter performed the next day on 2/06/03.

\_\_\_ presented to \_\_\_ office in follow-up on \_\_\_, just over a month before the intervening compensable injury. According to the record, \_\_\_ states: “He complains of neck pain. The location of discomfort is on the right side. It radiates to the occipital scalp and right shoulder. The pain is characterized as moderate in intensity and severe. Medical history is pertinent for neck surgery. Associated symptoms include headache and right upper extremity paresthesia. Current Problems: Neck pain, Pain in head, Pain in thoracic spine, Shoulder pain. Assessment: 723.1 Neck pain.”

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On \_\_\_, six days after the compensable motor vehicle accident, \_\_\_ is again seen by \_\_\_. The record of that date of service states: “Good relieve from FMBBs. Had a recent car accident with increased neck pain. He complains of neck pain. The location of discomfort is on the right side. It radiates to the occipital scalp and right shoulder. The pain is characterized as moderate in intensity and severe. Medical history is pertinent for neck surgery. Associated symptoms include headache and right upper extremity paresthesia. Current Problems: Neck pain, Pain in

head, Pain in thoracic spine, Shoulder pain. Assessment: 723.1 Neck pain.”

It is clear from the documentation submitted – *from a physician who examined the patient both right before and immediately following the intervening motor vehicle accident* – that there was no change in the clinical presentation of the patient. In fact, the documentation submitted indicates that the condition of the patient at the time was wholly attributable to the previous surgery that was secondary to the incident/injury of \_\_\_\_\_. Therefore, while it may indeed be medically necessary for this patient to receive 12 sessions of individual psychotherapy, the records indicate that the care should instead be attributed to the injury of \_\_\_\_\_.

#### 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) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 18<sup>th</sup> day of December 2003.