

April 26, 2004

David Martinez
TWCC Medical Dispute Resolution
MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744-1609

MDR Tracking #: M2-04-1105-01
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 proposed care 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 Medical Doctor board certified and specialized in Psychiatry. The reviewer is on the TWCC Approved Doctor List (ADL). 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

This patient injured his legs and back when he fell through a bleacher at his place of employment on ___. Since the date of injury he has undergone extensive treatments, not limited to physical therapy, chiropractic care, multiple diagnostic studies, multiple orthopedic surgeries and epidural injections. He also has had prior treatment with biofeedback and psychotherapy. Some relevant history garnered from the records reviewed included a Medical Record Review by ___, a pain management specialist, dated 10/15/03. At the time, he was of the opinion that further psychological/biofeedback sessions were not warranted due to lack of potential effectiveness. He notes there were likely preexisting conditions. A RME exam by ___ dated 12/12/03 indicated that further knee surgery may be indicated; however, he feels beyond this the patient has reached maximum medical benefit from care. A psychological evaluation by ___ dated 01/27/03 indicates prior counseling for a work-related altercation, multiple stressors including the consequences of the work injury and non-injury related issues, and complaints indicating symptoms of depression and anxiety.

The evaluator recommends cognitive behavioral therapy and biofeedback. There is a PPA dated 02/12/03 from Positive Pain Management recommending biofeedback. There are therapy notes from April and May 2003. These indicate some response to biofeedback. They also note other non-injury-related stressors causing emotional distress. There is an initial psychological evaluation from the requestor in this case dated 01/26/04 indicating ___ is reporting depression with multiple neurovegetative symptoms and anxiety. Beck Depression and Beck Anxiety scales were administered and were in the severe range. They requested individual therapy and a PPA based on this evaluation with the goal of assisting ___ to take care of his daily needs, reach MMI, reduce his whole person impairment, and function without reliance on medicines and the medical system. This was denied with the rationale that the patient had not demonstrated any sustained benefit from previous biofeedback and psychotherapy. On appeal, the request was again denied with the rationale that there were multiple severe family stressors and little evidence that ___ benefited from prior therapy or biofeedback. They noted there was not a discussion of the past care, family stressors, or what the plans in the therapy would be. They argue that the formulation and plan are incomplete.

REQUESTED SERVICE

Six sessions of individual psychotherapy and PPA are requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination regarding the PPA, but disagrees regarding the six sessions of individual psychotherapy.

BASIS FOR THE DECISION

Given the symptoms of depression and anxiety noted in the recent initial psychological evaluation that indicate a severe level of depression and anxiety, the proposal for six individual psychotherapy sessions is reasonable and necessary to treat the Adjustment Disorder. The reviewer agrees with the insurer that the proposed plan could be more specific about treatment goals and the initial evaluation could better explore confounding issues such as his degree of response to prior therapy and these external issues that have been previously noted; however, the amount of information they supplied is sufficient to justify the need for the therapy sessions. There are a number of reasons that the PPA is not medically necessary: He has had prior biofeedback, which apparently he was able to learn, and presumably he should still have the skills to utilize. Additionally, the biofeedback skills have not significantly impacted his pain level (not surprising, given the nature of his injuries) or level of functioning; therefore, further training is likely to be redundant and ineffective,

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

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 by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 (28 Tex. Admin. Code 142.5(c)).

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 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

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

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 27th day of April 2004.