

July 29, 20082004

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
POLICY: 641033671
CLIENT TRACKING NUMBER: M2-04-1240-01

This is an amended review. The appellate rights were not included with the original review, thus necessitating the need to reissue the decision.

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133, which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Notification of assignment dated 4/22/04
Medical dispute resolution request/response form
Non certified notices dated 1/29/04 and 3/1/04
Letter from Steven M. Tipton dated 4/30/04
Peer review dated 11/13/03
Report of medical evaluation
Supplemental information on Pedro Lara-Gregorio

(continued)

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Letter from Flahive, Ogden & Latson dated 4/21/04

Non certified notices dated 1/29/04 and 3/1/04

MDR position letter dated 3/29/04

Reconsideration for preauthorization dated 2/20/04

Psychological clinical interview dated 1/13/04

Preauthorization dated 2/20/04

Preauthorization dated 1/23/04

Psychological clinical interview dated 1/13/04

Preauthorization dated 12/8/03

Functional testing report dated 9/22/03

MHI log dated 12/9/03 to 2/20/04

Fax transmittal form dated 2/10/04

Fax transmittal form dated 1/22/04

Prescription from MedWay dated 12/1/03

Fed ex receipt dated 4/8/04

Copy of check received dated 4/28/04

Summary of Treatment/Case History:

The patient is a 67 hispanic, married, male who sustained a work-related injury on _____. He currently has chronic, persistent pain of ribs, C-spine and L-spine (5-9/10). Neurological exam was reported to be intact. The CT of the abdomen/pelvis (after injury) was reported to have no acute process. The BDI (7/8/03) was 16. The recent working diagnosis was myofascial pain syndrome.

On 1/5/04, Mr. _____ was reported to have MMI and 0% whole person impairment. A review of reports of Dr. P. McBride-Houtz, PhD suggests:

- i) No multi-axial psychiatric diagnosis
- ii) Emphasis on medical diagnosis as basis of her treatment recommendation
- iii) No documentation of precise psychotropic trials

Questions for Review:

1. Do you uphold or overturn the prior denials of individual therapy and biofeedback services?

Explanation of Findings:

The patient had mild depression (BDI score 16), MMI on 1/5/04 and 0% whole person impairment as of 1/5/04.

Claims to have depression, but no multi-axial diagnosis was documented. Psychiatric care provided without a diagnosis according to established psychiatric protocol. Mild depression can also be treated with an antidepressant trial without any long-drawn psychotherapy. The above may have a disruptive effect rather than quick returning to normal lifestyle.

Conclusion/Decision to Not Certify:

1. Do you uphold or overturn the prior denials of individual therapy and biofeedback services?

I uphold the prior denial of psychotherapy and biofeedback sessions.

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Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

U/R: Criteria for Short-term Treatment of Acute Psychiatric Illness; APA 1995, 1996

Does not meet outpatient treatment admission criteria 5.1, 5.2

References Used in Support of Decision:

As above.

This reviewer has no conflict of interest in reviewing this case.

This reviewer is certified by the American Board of Psychiatry and Neurology and the American Board of Forensic Medicine. This reviewer is a member of the American Medical Association, the American College of Physicians, the American Psychiatric Association, the American College of Emergency Physicians and the American College of Forensic Examiners. This reviewer has presented lectures and authored numerous publications in the field of specialty.

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 as per 28 Texas 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 as per Texas 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
POB 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