

November 12, 2004

ROSALINDA LOPEZ/ GAIL
TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:
EMPLOYEE:
POLICY: M2-05-0252-01
CLIENT TRACKING NUMBER: M2-05-0252-01/5278

Medical Review Institute of America (MRloA) 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 MRloA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRloA 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 MRloA for independent review.

Records Received:

Records Received from TWCC

Notification of Assignment, dated 10/21/04, 1 page
TWCC medical Dispute Resolution, dated 10/08/04, 1 page
TWCC Medical dispute resolution request/response, dated 10/8/04, 1 page
List of physicians with disputes, 1 page
Table of disputed services, 1 page
Unimed Direct, Review determination, dated 9/20/04, 1 page
Bexar County Healthcare Systems, request for reconsideration, dated 9/7/04, 3 pages
Unimed Direct, Review determination, dated 8/27/04, 1 page

Records Received from Bexar County

Letter to MRloA from Nick Kempisty, dated 10/26/04, 1 page
Medical records from BAMC, dated 1/7/04, 5 pages
Dr. G, MD - Initial exam - dated 2/25/04, 2 pages

San Antonio Diagnostic Imaging, radiology report, dated 3/8/04, 2 pages
Dr. G, MD – Follow-up exam w/TWCC status report – dated 3/29/04, 2 pages
Dr. G, MD – Follow-up exam – dated 5/10/04, 1 page
San Antonio Diagnostic Imaging, radiology report, dated 5/12/04, 2 pages
Dr. G, MD – Follow-up exam w/TWCC status report – dated 6/17/04, 2 pages
Dr. W, MD – Initial exam w/TWCC status report – dated 6/24/04, 2 pages
The Palestra Rehab – Initial exam, dated 06/29/04, 1 page
Dr. G, MD – Follow-up exam – dated 7/26/04 and 7/30/04, 2 pages
TWCC work status report, Dr. G, MD, dated 2/25/04, 1 page
Advantage Healthcare Systems–Referral form by Dr. G, pain management, dated 7/26/04, 1 page
Bexar County Healthcare Systems, Referral form by Dr. G for PT, dated 9/13/04, 21 pages
Bexar County Healthcare Systems, pre-cert for bio-feedback 4 sessions, dated 8/24/04, 1 page
Bexar County Healthcare Systems, Scott Persinger, LMSW – evaluation, dated 8/4/04, 5 pages
Bexar County Healthcare Systems, request for reconsideration of biofeedback, dated 9/7/04, 3 pages

Records Received from Unimed Direct

Harris and Harris Attorneys – Fax cover letter to MRloA, requesting review, dated 10/29/04, 3 pages

Summary of Treatment/Case History:

The patient is 43 year old man for whom 4 individual counseling sessions and 8 biofeedback sessions are being requested for management of chronic pain. He had been towing cars and was involved in a motor vehicle accident and has complaints of chronic pain in his back, ribs and foot. The accident occurred on ___ and he has not worked since. Notes from his attending physician in May and June of 2004 indicate he had made progress and was doing better after treatment with antiinflammatory medication and physical therapy, yet he has not felt able to return to work.

An evaluation on 8/4/04 shows no physical findings to substantiate the diagnosis made of Chronic Pain Disorder. He is noted to have some psychological symptoms of anxiety and poor sleep but a Beck Depression Inventory was normal and a Beck Anxiety Inventory showed mild anxiety. He has no prior mental health history. Substance abuse is denied. His mental status examination showed no abnormalities other than reported dysphoric mood.

Questions for Review:

1. Please address medical necessity of the proposed individual counseling x 4 sessions and biofeedback x 8 sessions regarding the injured worker.

Explanation of Findings:

1. Please address medical necessity of the proposed individual counseling x 4 sessions and biofeedback x 8 sessions regarding the injured worker.

The finding is that there is no medical necessity for individual counseling x 4 sessions and biofeedback x 8 sessions regarding the injured worker. His BDI of 9 is normal and the BAI of 15 indicates mild anxiety. His mental status examination is essentially normal. There are no evidence based guidelines, randomized clinical trials or controlled studies supporting the use of biofeedback either alone or in combination with psychotherapy as being of benefit in treating non-malignant pain with rare exceptions.

Conclusion/Decision to Not Certify:

Individual counseling x 4 sessions and biofeedback x 8 sessions are not certified.

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

ACOEM Chapter 8 pages 173–174 and 300. Chapter 17, page 152.

References Used in Support of Decision:

Medical Management of Acute and Chronic Low Back Pain, An Evidence Based Approach; Bogduk and McGuirk Elsevier 2002.

The physician providing this review is board certified in Psychiatry and Addiction Psychiatry. The reviewer is a member of the American Medical Association, the American Psychiatric Association, the American Psychoanalytic Association, The American Society for Adolescent Psychiatry and their State Medical and Psychiatric societies. The reviewer has served as an administrator, consultant, assistant clinical professor and Medical Director. The reviewer has been in active practice since 1967.

MRloA 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, payer and/or URA, patient and the TWCC.

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 receiving 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

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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cc: Bexar County Healthcare Systems
Financial Ins. Co.