

February 3, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0603-01

CLIENT TRACKING NUMBER: M2-05-060301 5278

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:

Records received from the State:

Notification of IRO assignment dated 1/10/05, 1 page

Letter from Texas Worker's Compensation Commission dated 1/10/05, 1 page

Medical dispute resolution request/response form, date for receipt from requestor received 12/16/04, 3 pages

Letter from The Hartford dated 11/18/04, 1 page

Fax coversheet from Allied Multicare Center dated 12/7/04, 1 page

Records received from the Hartford:

Letter from Texas Worker's Compensation Commission dated 12/20/04, 1 page

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Medical dispute resolution request/response form, undated, 3 pages

Requestor's position on pre-authorization dated 12/13/04, 5 pages

Letter from The Hartford dated 11/18/04, 1 page

Reconsideration: Individual therapy preauthorization request dated 12/6/04, 1 page

Reconsideration: Individual therapy preauthorization request dated 12/6/04, 2 pages

Radiology report dated 8/13/04, 2 pages

MRI report dated 9/15/04, 1 page

Referral for evaluation and treatment dated 10/12/04, 1 page

Letter of medical necessity dated 12/6/04, 1 page

Initial behavioral medicine consultation dated 10/29/04, 9 pages

Summary of Treatment/Case History:

The patient is a 40 year-old Hispanic male who sustained a work-related injury on _____. As of 10/29/04, he had back pain (8/10), depression (BDI-29), and anxiety (BAI-36). Some of the reports suggest he had back sprains at the thoracic and lumbar segments, others suggest radiculopathy. An MRI of the thoracic spine (9/15/04) suggests DJD and wedge compression, but no acute fractures, canal stenosis or HNP.

Other than LPC, MA and DC evaluations, there are no documents available to suggest that the patient was evaluated by any Psychiatrist (MD), nor are there any suggestions of adequate psychotropic trials. The current working diagnosis is pain disorder associated with both psychological factors and a General Medical Condition with GAF of 52/85.

Questions for Review:

1. Please address prospective medical necessity of the proposed individual psychotherapy 1x6 weeks; Biofeedback PPA (4 modalities) and Biofeedback 1x6.

Explanation of Findings:

Such cases of chronic pain can have a prolonged course with a waxing and waning pattern. Standard of care dictates that such cases be treated with a combination of pharmacotherapy and psychotherapy. However, given the MRI results suggesting that he had chronic DJD, no acute fractures or HNP, and in the absence of a nerve conduction study (NCS) or appropriate psychiatric evaluation (by a qualified MD), it cannot be accepted that this is a true chronic pain that should be managed by CPMP.

There was a work-related injury on _____. The clinical features are consistent with depression; hence, the diagnosis of 307.89 is reasonable. The BDI score of 29 and BAI score of 36 are suggestive of a need for appropriate evaluation for psychotropic trials rather than CPMP with Psychotherapy and Biofeedback. The patient may need CPMP in the future, but not at this point of time. Referral for a full psychiatric evaluation for psychotropic trial would be needed prior to consideration for the proposed treatment; the report of this evaluation and trial used as basis for consideration of future Psychotherapy and/or Biofeedback.

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Conclusion/Decision to Not Certify:

1. Please address prospective medical necessity of the proposed individual psychotherapy 1x6 weeks; biofeedback PPA (4 modalities) and biofeedback 1x6.

Medical necessity is not established for the prospective Individual psychotherapy therapy (1x 6 weeks), biofeedback PPA (4 modalities), or biofeedback (1x6 weeks).

References Used in Support of Decision:

U/R: Criteria for Short-term Treatment of Acute Psychiatric Illness; APA 1995,1996,
This treatment does not meet Out Patient Treatment Continued care criteria 6.2

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.

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

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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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vso

cc: Requestor
Respondent