

February 2, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0665-01 5278

CLIENT TRACKING NUMBER: M2-05-0665-01 /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 01/14/05 - 1 page
- Texas Workers' Compensation Commission Form, dated 01/14/05 - 4 pages
- Fax Conformation Sheet, dated 11/12/04 - 1 page
- Behavioral Health Treatment Preauthorization Request, dated 11/12/04 - 1 page
- Fax Transmittal Coversheet, dated 11/18/04 - 1 page
- Fax Confirmation Sheet, dated 12/08/04 - 1 page
- Reconsideration Behavioral Health Treatment Preauthorization Request - Reconsideration, dated 12/06/04 - 1 page

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- Reconsideration Request for Behavioral Health Treatment, dated 12/06/04 – 3 pages
- Pre-authorization Form, dated 12/08/04 – 1 page

Records Received from Provider:

- Letter from Flahive, Ogden and Latson, dated 01/11/05 – 2 pages
- Medical Dispute Resolution Request/Response, undated – 3 pages
- Letter from Texas Evaluation Center of San Antonio, dated 01/15/04 – 3 pages
- History and Physical Exam, dated 01/15/04 – 2 pages
- Functional Abilities Evaluation, dated 01/15/04 – 5 pages
- NRS Review, undated – 12 pages
- Texas Workers' Compensation Commission Form, dated 01/04/05 – 4 pages
- U.S. Postal Service Delivery Confirmation Receipt, undated – 1 page
- Requestors Position on Preauthorization, dated 12/27/04 – 5 pages
- Patient Profile, dated 01/01/04–12/31/04 – 1 page
- Referral Form, dated 11/18/04 – 1 page
- Fax Confirmation Sheet, dated 11/12/04 – 1 page
- Behavioral Health Treatment Preauthorization Request, dated 11/12/04 – 1 page
- Fax Transmittal Coversheet, dated 11/18/04 – 1 page
- Fax Confirmation Sheet, dated 12/08/04 – 1 page
- Reconsideration: Behavioral Health Treatment Preauthorization Request – Reconsideration, dated 12/06/04 – 1 page
- Reconsideration Request for Behavioral Health Treatment, dated 12/06/04 – 3 pages
- Pre-Authorization Form, dated 12/08/04 – 1 page
- Letter of Medical Necessity, undated – 1 page
- Behavioral Medicine Consultation, dated 10/18/04 – 8 pages
- Letter from Donald Dutra, Jr. MD PA, undated – 1 page
- Electrodiagnostic Results, dated 10/07/04 – 1 page
- Injury Pain and Rehabilitation Center – Electromyography – EMG/Nerve Conduction Studies, dated 03/29/02 – 3 pages
- Imaging Consultations, dated 10/25/01 – 2 pages
- U.S. Postal Service Delivery Confirmation Receipt, undated – 1 page

Records Received from Hill County Behavioral:

- Letter from Flahive, Ogden and Latson, dated 01/25/05 – 2 pages
- Letter from Flahive, Ogden and Latson, dated 01/11/05 – 2 pages
- Medical Dispute Resolution Request/Response, undated – 3 pages
- Letter from Texas Evaluation Center of San Antonio, dated 01/15/04 – 3 pages
- History and Physical Exam, dated 01/15/04 – 2 pages
- Functional Abilities Evaluation, dated 01/15/04 – 5 pages
- NRS Review, undated – 12 pages
- Texas Workers' Compensation Work Status Report, dated ?/03/04
- Texas Workers' Compensation Work Status Report, dated 07/23/04 – 1 page
- Texas Workers' Compensation Work Status Report, dated 06/11/04 – 1 page
- Texas Workers' Compensation Work Status Report, dated 04/02/04 – 1 page
- Texas Workers' Compensation Work Status Report, dated 04/02/04 – 1 page
- Texas Workers' Compensation Work Status Report, dated 02/20/04 – 1 page

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- Texas Workers' Compensation Work Status Report, dated 01/26/04 – 1 page
- Texas Workers' Compensation Work Status Report, dated 01/26/04 – 1 page
- Copy of Check #84933280

Summary of Treatment/Case History:

The patient is a 47 year–old Hispanic female that sustained a work–related injury on _____. As of 10/18/04 she had features consistent with MDD with a BDI score of 38. She was treated with Lexapro and work hardening program. No report of additional mental health care or progress report available suggesting that she “recovered” from this ailment of pain – physical or emotional.

Questions for Review:

1. Please address prospective medical necessity of the proposed individual psychotherapy– once weekly for 4 weeks, regarding the above–mentioned injured worker.

Explanation of Findings:

The patient had a work related injury on _____. The clinical features are consistent with Major Depression hence the diagnosis of 307.89 is reasonable. The patient had a BDI score of 38 on 10/18/04 which is suggestive of severe Depression.

Question 1: Please address prospective medical necessity of the proposed individual psychotherapy – once weekly for 4 weeks

Typically such cases can have a prolonged course with waxing & waning pattern. Standard of care dictates such cases be treated with a combination of pharmacotherapy and psychotherapy hence request for weekly psychotherapy sessions appears very reasonable. This must be accompanied by psychopharmacotherapy from a qualified MD for any meaningful future recovery.

Conclusion/Decision to Certify:

The recommendation is for once–a–week psychotherapy sessions for 4 weeks.

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

Criteria for Short–term Treatment of Acute Psychiatric Illness; APA 1995,1996, Does meet Patient Treatment Admission criteria 5.1, 5.2, 5.3 and 5.4.

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

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Physicians and the American College of Forensic Examiners. This reviewer has presented lectures and authored numerous publications in the field of specialty.

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, 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

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 MRloA 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 MRloA 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 MRloA 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

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authorizing this case review agrees to hold MRloA 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: Hill County Behavioral Health
Insurance Company of the State of PA