

March 22, 2005

Re:    **MDR #:**            M2-05-0794-01            **Injured Employee:**  
      **TWCC#:**  
      **IRO Cert. #:** 5055                    **DOI:**  
  **SS#:**

**TRANSMITTED VIA FAX TO:**

**Texas Workers' Compensation Commission**

Attention: Rosalinda Lopez  
Medical Dispute Resolution  
Fax: (512) 804-4868

**RESPONDENT:**

Liberty Mutual Fire Ins.  
Attention: Toni Evans  
(864) 576-5139

**TREATING DOCTOR:**

M. D. Dennis, M.D.  
(210) 615-7655

Dear \_\_\_:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Psychiatry and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (28 Tex. 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 (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on March 22, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP/thh

### REVIEWER'S REPORT M2-05-0794-01

#### Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

- Correspondence
- Peer review analysis

Information provided by Treating Doctor:

- Office notes 01/25/01 – 09/16/04

Information provided by Psychiatrist:

- Office notes 12/04/03 – 10/20/04

**Clinical History:**

This clinical history revolves around incidents associated with the injury of a 44-year-old female occurring on or around \_\_\_\_\_. Subsequent to the work-related injury, the individual received medical and psychiatric and pain management interventions, including medication, psychotherapy, and surgical interventions. Most recently, the individual was under the care of both the surgeon who was following her postoperative progress, and a psychiatrist. The pain management portion of the individual's care apparently was, in the past, referred to by the surgeon in question, and appears to have been completed at the time of referral for review.

The services in question appear to be a request for continued pharmacotherapy with psychotherapy. Specifically, the request for 4 additional sessions of individual psychotherapy over a 4-month period once monthly originally placed in the latter portion of 2004.

**Disputed Services:**

Additional individual psychotherapy.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that additional individual psychotherapy is medically necessary in this case.

**Rationale:**

As a matter of comment and consideration, the current standard of care regarding treatment of the present conditions would suggest that an individual could be considered stable at which time they are, in fact, not suggesting suicidal ideation. Please note that according to the Global Assessment of Function Scale, a part of the Diagnostic and Statistical Manual, Fourth Edition, any mention of suicidal ideation and/or major impairment in several areas such as work or school, family relations, judgment, thinking, or mood conservatively places this individuals GAF score in the 31-40 range.

This individual described by her treating surgeon and assessed by Social Security as likely totally disabled certainly falls into a category that would allow the assessment of the GAF and perhaps one even lower. Her attending psychiatrist, in his last note, prior to requesting continued monthly psychotherapy makes the notation that she continues to have death wishes off and on, but no present suicidal plans. Therefore, she does, in fact, have suicidal ideation and is still presenting with depressive features. This would also suggest that the individual in question is not presently stable.

Referring to research that is now in some cases over a decade old, initially a study by Dr. Paykel and more recently by Dr. Nierenberg, both suggest that to treat a depressive condition with any less than full admission increases the risk of relapse by 200%-400%. This individual, after all the time involved and the therapy provided, still presents with significant symptomatology resulting in a GAF score conservatively in the 31-40 range. Therefore, this individual is at great risk without significant intervention of not only deterioration but also full relapse into a full major depressive episode. Reasons for this would include, again, the continued experience of depressive symptomatology, according to review of her psychiatrist's records, continued chronic pain, and referred to by both the psychiatrist and her treating surgeon. Therefore, it would seem that this individual has significant risk for dramatic decompensation without the care requested by the attending psychiatrist.