

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	08/25/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1671-01
TWCC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Preauthorization denied for biofeedback x 10 sessions and counseling x 10 sessions (90806, 90901).

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 08/25/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Uphold denial for biofeedback x 10 sessions and counseling x 10 sessions (90806, 90901).

CLINICAL HISTORY:

The injured individual is a 35 year old female with date of injury _____. The injured individual is nonsurgical and takes Vicodin, Soma, and Naprosyn. She has already had biofeedback in the past so continuation of this is not necessary. She has a diagnosis of major depression but has not taken any medications for it nor has she had any official objective testing, only an interview to determine her candidacy for biofeedback and psychiatric therapy. This interview noted her to be depressed but able to cope with anxiety. She is pending an epidural steroid injection (ESI). The biofeedback is not necessary as the injured individual already had it according to Dr. Kemp's note. The psychiatric counseling is not necessary as the injured individual has not tried any antidepressants nor has she had objective testing to confirm this diagnosis.

RATIONALE:

The injured individual is a 35 year old obese female with lumbar radiculopathy which is intermittent. The MRI showed a right L4 herniated nucleus pulposus (HNP), electromyogram

(EMG) showed a mild right L4 radiculopathy. The injured individual is nonsurgical. She had biofeedback in the past which helped according to Dr. Kemp's note of 06/08/2005 so repeating this is not reasonable. Also, biofeedback is an unproven treatment modality according to the literature. The injured individual had a psychiatric evaluation in 03/2005 which states: "the degree of worry is in the normal range" and "no problem managing anxiety". There is no psychological testing done even though the diagnosis from this interview is major depression. The injured individual has not tried any antidepressants. She is also pending a right transforaminal epidural steroid injection (ESI) which Dr. Kemp recommended so her invasive treatment is not finished. For all these reasons, neither psychiatric counseling nor biofeedback is reasonable.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 06/08/05
- MR-117 dated 04/14/05
- TWCC-60
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 06/08/05
- Physician's Summary: New Patient Evaluation from Kenneth Kemp, Jr., MD dated 06/08/05
- TWCC 73: Work Status Reports dated 05/25/05, 04/20/05, 12/22/04, 10/25/04, 10/18/04
- Handwritten Progress Notes dated 05/25/05 and 04/25/05
- Medical Biofeedback and Pain Control Center: Letter Seeking Treatment Authorization from Jacob Liebman, MD dated 03/31/05
- The Hartford: Review Determination dated 03/17/05
- Medical Biofeedback and Pain Control Center: Clinical Interview, Polinsky Psychosocial Screening Inventory from Jack Scherschell, PhD dated 03/04/05
- Rehabilitative Medicine Associates: Letter from Radie Perry, MD dated 03/04/05
- Rehabilitative Medicine Associates: Nerve Conduction studies dated 03/04/05
- Medical Biofeedback and Pain Control Center: Evaluation and Assessment from Dr. Scherschell dated 02/25/05
- Phillip Earle Williams, Jr., MD and Associates: Letter dated 02/25/05
- History and Physical from Dr. Williams dated 02/25/05
- Handwritten Physician's Progress Notes dated 10/25/04 through 12/22/04
- Daily Treatment Records: Handwritten notes dated 10/20/04 through 12/06/04
- John E. Petty, DC: Handwritten evaluation records dated 10/20/04
- Longview Occupational Medicine Clinic: Worker's Compensation Information dated 10/18/04

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing Pain Management/Anesthesiologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

Your Right to Request A Hearing

Either party to this medical dispute may disagree with all or part of the 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 10 (ten) days of your receipt of this decision (28Tex.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 **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), 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 this

25th day of August 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____