

June 14, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-05-1725-01  
CLIENT TRACKING NUMBER: M2-05-1725-01 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:**

FROM THE STATE:

Notification of IRO assignment dated 5/25/05 1 page  
Texas Workers Compensation Commission form dated 5/25/05 1 page  
Medical dispute resolution request/response form 2 pages  
Table of disputed services 1 page  
Provider form 1 page  
Outpatient Non-authorization recommendation dated 3/14/05 2 pages  
Utilization Review Reconsideration & Appeals Procedure 7 pages  
Buena Vista Workskills fax cover sheet 1 page  
Outpatient Reconsideration Decision dated 4/4/05 2 pages  
(continued)

Behavioral Health Aftercare Treatment Preauthorization request dated 3/9/05 1 page

FROM THE REQUESTOR:

Texas Workers Compensation Commission form dated 5/20/05 1 page

Medical dispute resolution request/response form 1 page

Table of disputed services 1 page

Provider sheet 1 page

Texas Workers Compensation Commission form dated 5/11/05 1 page

Requestor's position on pre-authorization dated 4/25/05 8 pages

Hill Country fax cover sheet 1 page

Behavioral Health Aftercare Treatment Preauthorization Request dated 3/9/05 4 pages

Individual Psychotherapy and Biofeedback Plan and Goals of Treatment dated 3/9/05 3 pages

Reconsideration of Behavioral Health Aftercare Preauthorization Request dated 3/30/05 4 pages

Outpatient Reconsideration Decision Non-Authorization dated 4/4/05 2 pages

Patient Profile dated 1/1/03 - 12/31/03 1 page

Prescription from Dr. Lenderman, MD 1 page

Behavioral Medicine Updated dated 12/10/03 6 pages

Orthopedic evaluation dated 9/8/03 1 page

Operative report dated 8/26/03 1 page

Chart notes dated 10/20/03 1 page

Office procedure injections dated 6/23/03 2 pages

Orthopedic evaluation dated 7/7/03 2 pages

Orthopedic evaluation dated 7/28/03 1 page

Initial examination notes dated 5/6/03 2 pages

Prescriptions from Dr. Lenderman 1 page

Chart notes 15 pages

Copy of check from Broadspire dated 6/8/05 1 page

**Summary of Treatment/Case History:**

The Claimant is a 57 year old lady who allegedly suffered a workplace injury on \_\_\_\_\_. Subsequently, she developed pain in her right knee as well as her low back. The low back pain apparently resolved after a series of epidural steroid injections in 2002. The right knee injury was diagnosed as a medial meniscal tear and she underwent an arthroscopic partial menisectomy on 8/26/03, as well as multiple viscosupplementation injections. None of this produced significant resolution of her knee pain. She has apparently undergone a multidisciplinary chronic pain management program, following which the pain was significantly reduced. Subsequently, the knee pain has again become severe and individual psychotherapy and biofeedback has been requested.

**Questions for Review:**

1. Items in dispute: Please address prospective medical necessity of the proposed individual therapy and biofeedback therapy, regarding the above mentioned injured worker.

**Explanation of Findings:**

Although behavioral treatment and biofeedback have been shown to be worthwhile components of a (continued)

multidisciplinary pain management program, there is little evidence of efficacy of individual psychotherapy in the treatment of chronic pain syndromes. Similarly, biofeedback has not been shown to be effective in isolation

**Conclusion/Decision to Not Certify:**

1. Items in dispute: Please address prospective medical necessity of the proposed individual therapy and biofeedback therapy, regarding the above mentioned injured worker.

The decision is that the requested individual psychotherapy or biofeedback treatment for this patient is not medically necessary.

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

The usual selection criteria for entry into a multidisciplinary pain management program are:

1. Referral for entry has been made by the primary care physician/attending physician; and
2. Patient has experienced chronic non-malignant pain (not cancer pain) for 6 months or more; and
3. The cause of the patient's pain is unknown or attributable to a physical cause, i.e., not purely psychogenic in origin; and
4. Patient has failed conventional methods of treatment; and
5. The patient has undergone a mental health evaluation, and any primary psychiatric conditions have been treated, where indicated; and
6. Patient's work or lifestyle has been significantly impaired due to chronic pain; and
7. If a surgical procedure or acute medical treatment is indicated, it has been performed prior to entry into the pain program.

**References Used in Support of Decision:**

Glass, LS, ed. Occupational Medicine Practice Guidelines, 2nd ed. Beverly Farms, MA:OEM Press, 2004, p 300.

van Tulder, et al. (2000). Behavioral treatment for chronic low back pain: a systematic review within the framework of the Cochrane Back Review Group. Spine 25:2688-99.

Bush, et al. (1985). A controlled evaluation of paraspinal EMG biofeedback in the treatment of chronic low back pain. Health Psychol 4:307-21.

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The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine.

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The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

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 received by 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.

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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 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: Requestor - James Odom  
Respondent - Albert Ayala