

August 16, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ___
POLICY: M2-05-2045-01
CLIENT TRACKING NUMBER: M2-05-2045-01-5278

AMENDED REVIEW 08/23/05

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 7/5/05 1 page
Texas Workers Compensation Commission form dated 7/5/05 1 page
Medical dispute resolution/request response form 2 pages
Provider form 1 page
Table of disputed services 1 page
Statement from IMO dated 5/19/05 1 page
Statement from IMO dated 6/7/05 1 page

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FROM DR. CAMERON JACKSON:

Fax cover sheet dated 8/9/05 1 page
Request for reconsideration dated 5/27/05 2 pages
Consultation checklist dated 6/25/04 1 page
Letter of medical necessity dated 9/9/04 1 page
Initial interview from healthtrust dated 10/13/04 6 pages
Request for services from healthtrust dated 10/13/04 5 pages
Treatment plan 1 page
Request for services addendum from healthtrust dated 5/3/05 2 pages
Progress report dated 1/25/05 2 pages
Progress report dated 6/25/04 2 pages
Patient history dated 3/8/05 2 pages
Patient history dated 4/25/05 2 pages
Operative report dated 3/23/05 2 pages
Daily progress notes dated 4/21/05 1 page
Daily progress notes dated 4/25/05 1 page
Daily progress notes dated 4/28/05 1 page
Daily progress notes dated 5/5/05 1 page
Patient history dated 10/6/04 2 pages
History and physical dated 10/5/04 1 page
Nerve conduction studies report dated 9/21/04 1 page
Upper extremity nerve conduction report dated 9/21/04 1 page
Consultation report dated 9/20/04 3 pages
MRI of lumbar spine report dated 9/1/04 1 page
MRI of left shoulder report dated 9/1/04 1 page
Initial medical report dated 7/28/04 4 pages
Individual progress notes dated 3/9/05 1 page
Individual progress notes dated 3/2/05 1 page
Individual progress notes dated 2/25/05 1 page
Individual progress notes dated 2/16/05 1 page
Individual progress notes dated 2/9/05 1 page
Individual progress notes dated 1/31/05 1 page
Individual progress notes dated 1/10/05 1 page
Individual progress notes dated 12/8/04 1 page

FROM DOWN & STANFORD PC:

Letter from John V. Fundis dated 8/12/05 2 pages
Prospective review M2 information request dated 8/8/05 1 page
Statement from IMO dated 5/19/05 1 page
Statement from IMO dated 6/7/05 1 page
Patient history dated 3/8/05 2 pages
Individual progress note dated 3/9/05 1 page
Letter from Dr. Brownhill, MD dated 6/23/05 3 pages

Summary of Treatment/Case History:

The patient is a 33 year old man who had an industrial injury while driving a forklift on ____.
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Since then he has had cervical spine and shoulder pain for which he has received physical therapy, multiple diagnostic tests including X rays and an MRI, injections, prescribed exercise, electrical stimulation and analgesics. These have all left him continuing to complain of pain. He had also been advised to lose 30–40 pounds of weight to relieve stress on his back, as he weighs approximately 300 pounds. He has also complained of anxiety and depression, with no prior mental health history. He had recently been seen in individual psychotherapy for a total of 8 visits with some improvement and there is now a request for an additional 10 visits of psychotherapy.

Notes from his psychotherapy were reviewed. The notes of the therapy sessions appear to represent supportive psychotherapy, and although therapeutic interventions are alluded to, there is no clear indication of what the interventions consist of. There is no clear documentation to indicate that the psychotherapy to date has been helpful in relieving his symptoms. He is not currently being treated with any antidepressant or anti-anxiety agents and there is no indication that he had ever been treated with such. There is no documentation of the patient being suicidal, parasuicidal, homicidal, manic, psychotic or impaired in performance of ADLs due to psychiatric disorder.

Questions for Review:

1. ITEMS IN DISPUTE: Preauthorization denied for 10 sessions of individual psychotherapy.

Explanation of Findings:

The determination is that 10 additional sessions of psychotherapy are not medically necessary. The prior 8 visits have not been demonstrated to have efficacy. He is not documented to have received antidepressant therapy or anxiolytic therapy.

Conclusion/Decision to Not Certify:

1. ITEMS IN DISPUTE: Preauthorization denied for 10 sessions of individual psychotherapy.

10 additional sessions of psychotherapy are not medically necessary and are not certified.

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

ACOEM is not applicable

References Used in Support of Decision:

American Psychiatric Association Practice Guidelines: A Compendium

The physician providing this review is board certified in Psychiatry with subcertifications in adolescent and addiction psychiatry. The reviewer is a member of the American Medical Association, the American Psychiatric Association, the American Psychoanalytic Association, The American Society for Adolescent Psychiatry and their State Medical and Psychiatric societies. The reviewer has served as an administrator, consultant, assistant clinical professor and Medical Director. The reviewer has been in active practice since 1967.

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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 / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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 authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review.

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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
Respondent