

August 24, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-05-2176-01

CLIENT TRACKING NUMBER: M2-05-2176-01 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 from state:

- TWCC Notification of IRO Assignment 08/09/05 - 20 pages

Records from requestor:

- Letter to Texas Health from TWCC 07/26/05 - 1 page
- TWCC-60 Medical Dispute Resolution Request/Response - 3 pages
- Requestor's position regarding pre-authorization of behavioral health services-Initial Denial 07/18/05 - 4 pages
- Copy of Express Mail mailing label from Texas Health to TWCC - 1 page
- Fax cover sheet to Texas Mutual from Phil Bohart 05/16/05 - 1 page
- Texas Health, Behavioral Health Individual Therapy Preauthorization Request 05/16/05 - 3 page

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- Letter to Texas Health from Texas Mutual 05/18/05 – 2 pages
- Fax cover sheet to Texas Mutual from Phil Bohart (request for reconsideration) 06/07/05 – 1 page
- Texas Health, Reconsideration: Behavioral Health Individual Therapy Preauthorization Request 06/07/05 – 1 page
- Texas Health, Reconsideration: Request for Behavioral Health Treatment 06/07/05 – 3 pages
- Texas Health, Individual Psychotherapy Plan & Goals of Treatment 06/07/05 – 2 pages
- Letter to Texas Health from Texas Mutual 06/13/05 – 2 pages
- Texas Health, Patient Face Sheet – 1 page
- Texas Health, referral 03/25/05 – 1 page
- Follow-up report, Dr. Willis 06/15/05 – 1 page
- Initial consultation report, Dr. Willis 05/25/05 – 3 pages
- Texas Health, Behavioral Medicine Testing Results 05/02/05 – 4 pages
- Texas Health, Initial Behavioral Medicine Consultation 03/31/05 – 8 pages
- Work & Accident Clinic (WAC), chiropractic office notes, Dr. Bodford 03/23/05, 03/16/05 – 2 pages
- Office note, Dr. Banta 03/02/05 – 2 pages
- WAC New patient evaluation 02/28/05 – 5 pages
- MRI of right knee 03/25/05 – 2 pages
- MRI of pelvis and hips 03/25/05 – 2 pages
- MRI of lumbar spine 03/25/05 – 2 pages

Records from respondent:

- Letter to MRIOA from Texas Mutual 08/18/05 – 2 pages
- WAC New patient evaluation 02/28/05 – 5 pages
- Office note, Dr. Banta 03/02/05 – 2 pages
- MRI of lumbar spine 03/25/05 – 2 pages
- MRI of pelvis and hips 03/25/05 – 2 pages
- MRI of right knee 03/25/05 – 2 pages
- Texas Health, Initial Behavioral Medicine Consultation 03/31/05 – 8 pages
- Texas Health, Behavioral Medicine Testing Results 05/02/05 – 4 pages
- Letter to Texas Health from Texas Mutual 05/18/05 – 2 pages
- Initial consultation report, Dr. Willis 05/25/05 – 3 pages
- Letter to Texas Health from Texas Mutual 06/13/05 – 2 pages
- Follow-up report, Dr. Willis 06/15/05 – 1 page

Summary of Treatment/Case History:

The claimant is a 55 year old man who fell off a ladder on ____ while changing a light bulb and inadvertently receiving an electrical shock. Since then he has complained of chronic low back pain. An EMG showed L4–L5 radiculopathy and an MRI of the lumbosacral spine showed facet arthrosis. He had no prior psychiatric history and has never been on any psychotropic medications or in psychotherapy.

On an initial mental health evaluation he scored a Beck Depression Inventory of 25, moderate depression and on a Beck Anxiety Inventory a score of 44, denoting severe anxiety. These two inventories are self reports by the claimant. A subsequent MMPI was done after a denial of a request

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for individual psychotherapy sessions and it yielded a picture of a man who tended to exaggerate his symptoms as the testing went on. The interpretation of this was that it represented an attempt to communicate his distress rather than malingering or being overreactive. The diagnosis of Adjustment Disorder was made.

He is not noted to have been suicidal, parasuicidal, manic, aggressive, assaultive or dangerous to others, psychotic or impaired in performing his ADLs due to psychiatric disorder.

Questions for Review:

1. Is individual psychotherapy, 1xwk/6 weeks, medically necessary?

Explanation of Findings:

1. Is individual psychotherapy, 1xwk/6 weeks, medically necessary?

Individual psychotherapy is not medically necessary. There is significant evidence that the claimant is exaggerating his symptoms for secondary gain purposes. There is no indication that he had had any prior psychological problems or vulnerabilities. He has not been tried on antidepressant/antianxiety medications.

Conclusion/Decision to Not Certify:

Individual psychotherapy, 1xwk/6 weeks, is not medically necessary.

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

ACOEM chapter 6, pages 106 and 108

TWCC Rules 134.402 and 180.20

References Used in Support of Decision:

American Psychiatric Association Practice Guidelines: A Compendium

DSM-IV

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.

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

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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 / 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 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. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA 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 MRIOA 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; respondent