

September 22, 2005

TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-05-2231-01

CLIENT TRACKING NUMBER: M2-05-2231-01-5278

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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:

- Notification of IRO Assignment, 8/18/05
- Medical Dispute Resolution Request/Response form, 8/16/05
- Table of Disputed Services
- List of providers
- Preauthorization request, 5/23/05
- Review Determination letter, 5/26/05
- Request for reconsideration of preauthorization, 6/10/05
- Review Determination letter, 6/21/05

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Records from Requestor:

- Evaluation, Bill Carruthers, LPC, 12/30/04
- Physical performance evaluation, 1/27/05
- Mental and behavioral Health Consultation and progress note, 3/4/05
- Weekly summary, 3/7/05

Records from insurance company:

- Review Determination letters, 5/26/05, 6/21/05
- Employer's First Report of Injury or Illness
- Payment of Compensation or Notice of Refused/Disputed Claim
- Incident Review Organization Summary, 8/23/05
- Corvel, Initial report, 1/14/04 - 1/25/04
- Corvel, Progress report, 2/26/04 - 4/6/04
- Office notes, 1/15/04, 1/23/04, 2/9/04, 11/2/04 - 11/8/04, 12/16/04, 12/27/04, 1/21/05, 2/3/05, 2/15/05, 3/3/05, 4/7/05, 4/19/05, 5/7/05, 5/12/05, 6/10/05, 6/28/05, 7/19/05, 7/28/05
- Texas Worker's Compensation Work Status Report, 1/19/04, 1/23/04, 2/10/04, 6/2/04, 6/21/04, 8/18/04, 11/3/04, 12/17/04, 3/3/05, 4/8/05, 5/1/05, 5/11/05, 5/13/05, 6/10/05, 7/12/05, 7/28/05
- SOAP notes, 1/19/04 - 2/4/04, 2/3/04 - 2/9/04, 2/6/04
- Radiology report, 1/28/04
- Physician's Summary, New Patient Evaluation, 2/16/04
- Procedure reports, 3/3/04, 3/16/04, 4/6/04
- Physician's Summary, Office visit notes, 3/15/04, 3/23/04, 3/29/04, 4/13/04, 6/1/04, 3/15/05
- Spine Resource Consultants report, 6/6/04
- Physician's Summary, Impairment Evaluation, 6/21/04
- Letter from Phillip Osborne, MD, 7/14/04
- History and Physical Exam, Phillip Osborne, 7/14/04, 5/11/05
- Designated Doctor Evaluation, 8/18/04
- Letter from Roger Mocaygemba, MD, 9/27/04
- EDX test report, 12/1/04
- Questionnaire, Advantage HealthCare Systems, 1/10/05
- Physical Performance Evaluation, 1/27/05
- Designated Doctor Evaluation, 2/1/05
- TWCC-69 Report of Medical Evaluation, 8/1/05
- Mental and behavioral Health Consultation and progress note, 2/18/05, 3/4/05
- Letters from John Raymond Baker, DC, 4/12/05, 6/29/05, undated
- Consultation, John Schwarbach, MD, 5/2/05
- Consultation, Robert Holladay, MD, 5/11/05
- Patient Intake Interview
- Functional Abilities Evaluation, 5/12/05
- Letter from Robert Holladay, MD, 5/15/05

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- Letter of Appeal, Bill Carruthers, LPC, 6/10/05
- Consultation, Ronald Corley, MD, 6/23/05
- Physical Therapy Notes, 3/25/04 - 7/29/05

**Summary of Treatment/Case History:**

The patient in question is a now 41 year old man who injured his back while at work on \_\_\_ and has been off work since. He was diagnosed with a lumbosacral sprain which usually heals within 6-12 weeks but has remained in chronic pain, which he indicates to be severe and incapacitating. He has had multiple diagnostic procedures and has had physical therapy, chiropractic treatment, oral opioids, a TENS unit, epidural injections and other interventions, none of which have been of help. There are some documented differences of opinion regarding the diagnosis, with his treatment providers feeling there is something more than a sprain going on.

He has had 4 sessions of individual psychotherapy to attempt to alleviate some of the depression he reports having due to his pain and being unable to work. In the face of the therapy his condition worsened and now the request is for an additional 8 psychotherapy visits plus 12 biofeedback sessions. The patient has not been documented to have been treated with an antidepressant other than a low dose of a tricyclic antidepressant as an adjunct to his pain medication regimen. His worsening of depression and anxiety is on the basis of a Beck Depression Index and a Beck Anxiety Index, both of which are self-report questionnaires. He is not noted to be suicidal, parasuicidal, homicidal, manic or psychotic.

**Questions for Review:**

1. Are 8 individual psychotherapy visits and 12 biofeedback sessions medically necessary?

**Explanation of Findings:**

1. Are 8 individual psychotherapy visits and 12 biofeedback sessions medically necessary?

The determination is that 8 individual psychotherapy visits and 12 biofeedback sessions are not medically necessary. The patient has not been noted to be suicidal, parasuicidal, homicidal, manic or psychotic. He has not been treated with an antidepressant. His symptoms are on the basis of self-report questionnaires. There are questions regarding motivation to return to work and secondary gain present.

**Conclusion/Decision to Not Certify:**

The 8 individual psychotherapy visits and 12 biofeedback sessions are not certified.

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

ACOEEM Guidelines chapter 6, page 114-115

DSM-IV

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**References Used in Support of Decision:**

American Psychiatric Association Practice Guidelines: A Compendium

Meyerson AT and Fine T: Psychiatric Disability: Clinical, Legal and Administrative Dimensions, American Psychiatric Press, 1987.

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The physician providing this review is board certified in Psychiatry with subcertifications in adolescent and addiction psychiatry. The reviewer's treatment experience in these areas includes eating disorders as well. 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 Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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.

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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. 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  
Responder