

October 12, 2005

TEXAS WORKERS COMP. COMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___
EMPLOYEE: ---
POLICY: M2-05-2318-01 / 5278
CLIENT TRACKING NUMBER: M2-05-2318-01

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 the State:

1. Texas Department of Insurance Division of Workers' Compensation Notification of IRO Assignment-2 pages
2. Texas Workers' Compensation Commission Medical Dispute Resolution Request/Response From-1 page
3. Table of Disputed Services-2 pages
4. WAC Office Notes-9/14/04-3 pages
5. The Hartford Underwriters-Review Determination-7/6/05-1 page
6. The Hartford Underwriters-Review Determination-8/2/05-1 page

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Records from Requestor:

1. Texas Workers' Compensation Commission IRO form-2 pages
2. Texas Workers' Compensation Commission Medical Dispute Resolution Request/Response From-1 page
3. Table of Disputed Services-2 pages
4. MRI Report for Right Wrist-10/12/04-1 page
5. MRI Report for Left Wrist-10/12/04-1 page
6. MRI Report for Left Elbow-10/12/04-1 page
7. MRI Report for Right Elbow-10/12/04-1 page
8. Office Notes from Dr. Robert C. Lowry MD-1/11/05-7 pages
9. Texas Health Request for Reconsideration-6/28/05-4 pages
10. Texas Health Initial Behavioral Medicine Consultation Notes-6/28/05-7 pages
11. The Hartford Underwriters-Review Determination-7/6/05-1 page
12. Texas Health Behavioral Health Treatment Preauthorization Request-7/5/05-2 pages
13. Texas Health Behavioral Health Treatment Preauthorization Request-7/22/05-1 page
14. The Hartford Underwriters-Review Determination-8/2/05-1 page
15. Texas Health Case Update-8/15/05-1 page
16. Texas Health Request's Position on Pre-Authorization-8/15/05-5 pages
17. Patient Face Sheet-9/14/04-1 page

Records from Respondent:

1. Independent Medical Evaluation from Dr. Charles D. Mitchell MD-9/8/05-5 pages
2. Work and Accident Clinic Exercise Graph-6 pages
3. WAC New Patient Evaluation Notes-9/14/04-5 pages
4. Concentra Medical Centers Transcription-9/17/04-1 page
5. Missed Appointment Form-3 pages
6. Office Notes from Dr. Raphael Emanuel MD-9/28/04-4 pages
7. Missed Appointment Form-1 page
8. Work and Accident Clinic Daily Note-9/29/04, and 9/30/04-2 pages
9. Letter from Dr. David K Liang DC-10/5/04-1 page
10. DFW MRI Notes-10/5/04-1 page
11. MRI Report for Right Wrist-10/12/04-1 page
12. MRI Report for Left Elbow-10/12/04-1 page
13. MRI Report for Right Elbow-10/12/04-1 page
14. MRI Report for Left Wrist-10/12/04-1 page
15. Texas Workers Compensation Work Status Report-10/19/04-1 page
16. WAC Notes-11/3/04, and 11/10/04-2 pages
17. Progress Notes from Dr Charles E. Willis II MD-11/10/04-1 page
18. Post Anesthesia Recovery Record-11/10/04-1 page
19. WAC Notes-11/17/04-1 page
20. Texas Workers Compensation Work Status Report-11/18/04-1 page
21. WAC Notes-11/29/04, 12/1/04, 12/2/04, 12/8/04, and 12/15/04-10 pages
22. Texas Workers Compensation Work Status Report-12/15/04-1 page
23. Procedure Note from Dr. Charles E. Willis II MD-12/22/04-1 page
24. Post Anesthesia Recovery Record-12/22/04-1 page

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25. WAC Notes-12/23/04, and 12/29/04-2 pages
26. Office Report from Dr. Charles D Mitchell MD PA-12/30/04-4 pages
27. WAS Professional Referral-9/14/04-1 page
28. Work and Accident Clinic Exercise Graph-2 page
29. WAS Notes-1/5/05-1 page
30. Intracorp Chiropractic Advisor Review Form-1/11/05-5 pages
31. Office Notes from Dr. Robert C. Lowry MD-1/11/05-6 pages
32. WAC Notes-1/12/05, and 1/13/05-6 pages
33. Intracorp Nurse's Chronological List of Submitted Records-1/14/05-3 pages
34. Texas Workers Compensation Work Status Report-1/17/05-1 page
35. Review of Records from Dr. R. Robert Ippolito MD-1/18/05-42 pages
36. Texas Workers Compensation Work Status Report-4/25/05-2 pages
37. Churchill Evaluation Centers-Report of Medical Evaluation-5/12/05-33 pages
38. Duplicate Records from the Respondent-209 pages

Summary of Treatment/Case History:

The patient is a 42-year-old woman with a 13-month history of having bilateral wrist pain related to her work. She has been diagnosed with bilateral flexor tendinitis and carpal tunnel syndrome and has been treated with physical therapy, rest, oral opioid and non-opioid analgesics and rest. An MRI of the right wrist on 10/12/04 was compatible with carpal tunnel syndrome. At the same time an MRI of the left wrist and elbow showed no abnormalities. An EMG was normal. She has most recently been treated with Tylenol. She consistently rates her pain a 7/10.

She has no prior psychiatric treatment history and denies any substance abuse issues. She appears to be otherwise medically healthy.

An Initial Behavioral Health Consultation on 6/28/05 showed her to be appropriate in appearance, alert and cooperative and with normal motor activity, attention and speech. She was fully oriented and had intact memory and cognition. Impulse control and insight were fair and judgment good. She denied suicidal or homicidal ideation. She had no signs or symptoms of psychosis. The diagnoses made were of Adjustment Disorder and Pain Disorder. The recommendation was for individual psychotherapy and Biofeedback.

Questions for Review:

1. Are 6 individual psychotherapy sessions and one session of biofeedback medically necessary?

Explanation of Findings:

1. Are 6 individual psychotherapy sessions and one session of biofeedback medically necessary?

The determination is that 6 individual psychotherapy sessions and one biofeedback session are not medically necessary. These modalities have not been demonstrated to clearly have efficacy in such a situation. There is some indication that psychotherapy in such cases is contraindicated and could lead to chronic pain due to regression and reinforcing the focus on pain.

Conclusion/Decision to Not Certify:

Six individual psychotherapy sessions and one session of biofeedback are not certified.

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

1. ACOEM Guidelines, 2004, Chapter 6 and 11

References Used in Support of Decision:

1. ACOEM Guidelines, 2004, Chapter 6 and 11

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, payer 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.

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

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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 and respondent