

IRO America Inc.

An Independent Review Organization

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Amended November 28, 2005

November 22, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-0032-01

IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Psychology. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including: SRS Report addressed to Paul Vaughn, M.D., dated August 7, 2003
Bunch & Associates, Inc. Appeal Determination, dated 8/9/2005
Texas Health Behavioral Evaluations, dated 7/13/05, 9/17/04, 10/1/04.

CLINICAL HISTORY

The Patient, ____, has a history of morbid obesity and several work-related accidents dating back to at least _____. The Patient has undergone a large number of diagnostic procedures,

several surgeries, a continuous battery of occupational and chiropractic therapies, and biomedical pain management--all intended to mend the requisite wear and tear to The Patient's back and joints given her physical condition and accident-prone work habits. Following The Patient most recent injury in January 2003, Mrs. ___ underwent another surgery, and was subsequently treated for chronic neck, thoracic, and low back pain with Vicodin-ES and steroid injections; Mrs. ___ reported that both treatments were unsatisfactory in relieving her pain. On October 29, 2003, Mrs. ___ was referred for behavioral health care by Dr. Stephen Graham (with TXAN Anesthesia and Pain Management at 9 Medical Parkway, Dallas, TX 75234). In his clinical notes he states, "I discussed at length that we may try every possible means to relieve her pain and not have long-term success and The Patient may need to learn to live with her pain. The Patient did not seem happy with this prospect. We will see her again for her low back injections, however, she may need psychological evaluation and perhaps a pain management program." Approximately one year after this report, she was treated by a LPC at Texas Health for adjustment disorder with mixed anxiety and depressed mood (309.28), secondary to chronic pain. Mrs. ___ received 4 carrier-authorized sessions of IPT in September and Oct 2004. Concurrently, she was also prescribed Effexor by a physician to treat her depressive symptoms and Texas Health reported the IPT/medication treatment combination was effective. More recently (7/13/05), an LPC at Texas Health has diagnosed Mrs. ___ with Major Depressive disorder (296.33) and Pain Disorder, 307.89, with both psychological factors and a general medical condition, representing a serious decline from her prior level of functioning when they were treating her in 2004. Texas Health is seeking authorization to treat Mrs. ___ with 6 sessions of IPT that includes a recommendation for psychotropic medication management, and Biofeedback PPA to provide the patient with a baseline against which she can learn behavioral pain management skills. Currently, she reports she's not using the relaxation training she receiving from her brief treatment at Texas Health in 2004, and there is no indication that she is taking Effexor, perhaps due to a lapse in her prescription, undesirable side effects of the medication (e.g., sexual dysfunction), and the lack of efficacy she has recently experienced when using Effexor without psychotherapy.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of (90806) individual psychotherapy 1 x wk x 6 wks and (90901), biofeedback/PPA (PNG, TEMP, EMG, SC/GSR).

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

First, there is reliable evidence that Mrs. ___ is experiencing clinically significant depression: Texas Health evaluated her symptoms using the empirically-derived BDI II and reported a score of 39 (this would indicate severe depression at the time of assessment), and a BAI score of 22 (indicating moderate anxiety). These scores, along with the clinical impressions of Tracey Duran, M.S., L.P.C., L.M.F.T., and the mental status examination are sufficient evidence that Mrs. ___ probably suffers from major depression. This is a documented decline from a prior, higher level of functioning for this patient. Furthermore, this decline is likely the result of her work-related injuries over the years, the chronic stressor of protracted and wholly unsuccessful biomedical interventions (i.e., surgery, drugs and steroid injections), and most recently, the unrelieved pain from a 2-year old injury that more conventional medicine has been unsuccessful in treating. It is not difficult to imagine that Mrs. ___ feels helpless to do anything

to relieve her chronic pain and the social stress that is disrupting her life, to the point of major depression. The available reports indicate that when Effexor was tried in the absence of behavioral therapy, Mrs. ___'s did not respond to treatment, indicating a need for concomitant psychotropic medicine **and** behavioral therapy for her depressive symptoms.

Second, Mrs. ___ has been using Vicodin-ES for unsuccessful pain management such that she has ultimately suffered liver damage. It would appear that Mrs. ___ needs another option. It has been accepted for over a decade that a number of well-defined behavioral interventions are effective in the treatment of chronic pain and insomnia, including relaxation training, CBT, and biofeedback^{1,2,3,4}. One limitation that M.D.'s have in understanding behavioral techniques in standard medical care has been the emphasis solely on the biomedical model as the basis of their medical education. The biomedical model defines disease in anatomic and pathophysiologic terms. The biopsychosocial model, as proposed by Texas Health for treating this patient, would emphasize Mrs. ___'s experience of her disease state and balance her anatomic-physiologic needs with her psychosocial needs. Of six factors identified to correlate with treatment failures of low back pain, all are psychosocial. Mrs. ___ was recommended for behavioral treatment by a back pain management physician 2 years ago, because conventional and accepted means of pain management, such as appropriate pharmacotherapy, were tried and deemed to be insufficient by that physician. In short, biofeedback and CBT may be her only viable alternative for pain relief and a better outlook on her future.

Screening Criteria

1. Specific:

Magni, G., Marchetti, M., Moreschi, C., Merskey, H., Luchini, S.R. (1993). Chronic musculoskeletal pain and depressive symptoms in the national health and nutrition examination. I. Epidemiologic follow-up study. *Pain*, 53: 163-8.

Astin, J. A., Shapiro, S.L., Eisenberg, D.M., Forsys, K.L. (2003). Mind-body medicine; state of the science, implications for practice. *J Am Board Fam Pract*, 16, 131-147.

Rainville, P. (2002). Brain mechanisms of pain affect and pain modulation. *Curr Opin Neurol*, 12, 195-204

Morley, s., Eccleston, C., Williams, A. (1999). Systematic review and meta-analysis of randomized controlled trials of cognitive behavior therapy and behavior therapy for chronic pain in adults, excluding headache. *Pain*, 80, 1-13.

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literature and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer

Cc: [Claimant]

Texas Health

Attn: James Odom

Fax: 214-692-6670

Bankers Standard Ins. Co/F.O.L.

Attn: Katie Foster

Fax: 512-867-1733

Anthony Esquibel

Fax: 972-698-7298

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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 22nd day of November, 2005.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer