

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	11/29/2005 Amended 12/01/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0113-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review: Pre-authorization denied for individual psychotherapy for six (6) sessions.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 11/29/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Six psychotherapy sessions are not medically necessary.

CLINICAL HISTORY:

The injured individual is a thirty year-old man who sustained a work-related injury on _____. He was working as a mover at the time and injured his lower back, abdomen, and inguinal area. He was injured when a metal cabinet fell off a pallet and hit him. The injured individual had a psychological evaluation on 05/31/2005. He was found to have symptoms of depression that were related to problems coping with his pain. He also reported having symptoms of insomnia. He was diagnosed with an adjustment disorder with anxiety and depressed mood. He was found to have symptoms of mild depression and mild anxiety based on responses to the Beck Depression and Beck Anxiety Inventories.

He completed ten sessions of a work hardening program on 07/29/2005, but was unable to meet his treatment goal of heavy work demand level. He was in the light work demand level.

According to a request for psychotherapy sessions dated 08/18/2005, the injured individual he reported a decrease in his rating of family discord (from "8/10" to "2/10"), his rating of frustration ("7/10" to 5/10"), his rating of anxiety ("7/10" to "6/10"), and his rating of depression ("6/10" to 4/10"). His pain rating remained the same, at a level "4/10". The injured individual

denied taking any medications. These rating compared a baseline rating performed on 05/31/2005, prior to entering the work hardening program, to a rating completed on 08/16/2005 after the injured individual had completed a work hardening program.

According to the note dated 08/18/2005, it is stated that "although, the injured individual is progressing physically, his mood disturbance and psychosocial stress are interfering with his ability to benefit fully from this programming.

The injured individual was described as having evidence of mood disturbance that included sadness, lack of interest in activities, anxiety and tiredness. The injured individual was receiving weekly group psychotherapy while attending the work hardening program. It is also stated that "he requires more one-on-one counseling than the work hardening program provides". The request for treatment note also states that the injured individual is likely to benefit from individual psychotherapy sessions in efforts to promote case closure and return to work.

According to a plan of treatment for individual psychotherapy dated 08/18/2005, goals of treatment would involve reducing depressive symptoms from "4/10" to "2/10" and reducing anxiety from "6/10" to "3/10". Another goal was to educate the injured individual about sleep hygiene and to discuss expectations about a return to work. Six individual psychotherapy sessions were requested.

REFERENCE:

Lechner DE. Work hardening and work conditioning interventions: do they affect disability? Phys Ther. 1994 May;74(5):471-93.

RATIONALE:

The injured individual is a thirty year-old man who was injured at work on _____. He has attended ten sessions of a work hardening program. Six individual psychotherapy sessions were requested. He has received group psychotherapy sessions while enrolled in the work hardening. There were no records submitted regarding the injured individual's progress in his group therapy sessions. Thus, there is no evidence that group therapy has not been helpful to the injured individual.

One goal of the six psychotherapy sessions was to help increase the chance of the injured individual returning to work. This service appears to be redundant as the goal of a work hardening program is to help an injured worker return to employment (Lechner, 1994).

In addition, the injured individual was not to be making progress in his physical rehabilitation. Since he has been making progress, there is no evidence that psychological issues are preventing the injured individual from benefiting from a work hardening program. The injured individual also had no evidence of suicidal ideation, homicidal ideation or psychosis. He had only mild symptoms of depression and anxiety. Since his symptoms of depression and anxiety were only in the mild range, he does not require individual psychotherapy as he is already receiving psychological intervention through the work hardening program. Overall, six psychotherapy sessions are not medically necessary.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 10/11/05
- MR-117 dated 10/11/05
- MR-100 dated 09/28/05
- DWC-60
- MCMC: MRI Medical Dispute Resolution Prospective dated 11/04/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 10/12/05
- St. Paul Travelers: Memos dated 10/07/05, 10/06/05 from Jeanne Schafer and Julie Barrera
- Buena Vista Workskills: Requestor's Position on Pre-authorization dated 09/20/05 from Tracey Duran, MS, LPC, Clinical Supervisor
- St. Paul Travelers: Letters dated 09/14/05, 09/02/05 from Julie Barrera, Claim Representative
- Buena Vista Workskills: Request for Behavioral Health Treatment dated 09/09/05 from Tracey Duran, MS, LPC, Clinical Supervisor
- Buena Vista Workskills: Individual Psychotherapy Plan & Goals of Treatment dated 09/09/05 from Tracey Duran, MS, LPC
- Buena Vista Workskills: Behavioral Health Treatment Preauthorization Requests dated 09/09/05, 08/18/05
- Buena Vista Workskills: Request for Behavioral Health Treatment dated 08/18/05 from Claudia Ramirez, MA, LPC-Intern
- Buena Vista Workskills: Individual Psychotherapy Plan & Goals of Treatment dated 08/18/05 from Claudia Ramirez, MA, LPC-Intern
- Buena Vista Workskills: Initial Behavioral Medicine Consultation dated 05/31/05 from Elizabeth Keller, MS, RN, LPC-Intern and Phil Bohart, MS, CRC, LPC
- UNICCO Service Company: Notes dated 08/18/05 through 09/14/05
- Buena Vista Workskills: Form letter dated 08/04/05 from Dr. Sealy
- Rita Sealy-Wirt, D.C.: Clinical Notes, Initial Examination dated 04/21/05
- St. Paul Travelers: Undated fax cover sheet note addressed to Jeanne Schafer
- St. Paul Travelers: Undated Notification of DWC-60 fax from Jeanne
- Alpine Healthcare: Undated Patient Profile

The reviewing provider is a **Licensed/Boarded Psychologist** and certifies that no known conflict of interest exists between the reviewing psychologist 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 carrier health care providers who reviewed the case for decision prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

This decision by MCMC is deemed to be a Division decision and order (133.308(p) (5)).

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.

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Department of Insurance Division of Workers' Compensation
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

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

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

29th day of November 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____