

Parker Healthcare Management Organization, Inc.

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972.906.0603 972.255.9712 (fax)

Certificate # 5301

December 12, 2005

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-06-0186-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 11.01.05.
- Faxed request for provider records made on 11.01.05.
- TDI-DWC issued an Order for Payment on 11.14.05.
- The case was assigned to a reviewer on 11.22.05.
- The reviewer rendered a determination on 12.9.05.
- The Notice of Determination was sent on 12.12.05.

The findings of the independent review are as follows:

Questions for Review

Review of medical necessity for the proposed individual psychotherapy (90806) once weekly for 6 weeks and biofeedback PPA with four modalities (EMG, PNG, GSR and TEMP) once (90901).

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** on the requested service(s).

Summary of Clinical History

The patient injured his back while lifting on _____. He subsequently had conservative treatment followed by an MRI, which revealed L5 disc damage. He underwent lumbar surgery in January of 2002 that was complicated by damage to his colon and necessitated two subsequent surgeries. Following these repairs, he underwent further treatment but did not make substantial gains. He underwent individual therapy and biofeedback treatment and then subsequently was entered into a chronic pain management program. Notes indicating completion of 28 of 30 approved days were reviewed. His response to that programming was overall mild. His pain complaints remained about the same. He is noted to be resistant to psychological interventions. Between the beginning and the end of the programming, he made some mild to moderate physical progress in his endurance and flexibility.

Subsequent to that pain program, he apparently has had persistent pain and was referred back for further behavioral health treatment. He was evaluated for this on May 23, 2005 and their diagnosis for him was

major depression and a pain disorder. They indicate that they believe his failure to progress was due to not completing aftercare. He complained of persistent severe pain and significant impact in multiple psychosocial spheres. He reported a number of depressive symptoms. He had a Beck Depression Inventory, which was scored as a 20 and a Beck Anxiety Inventory, which was scored as a 10. He was reassessed on 08.16.2005. During that assessment, his Beck Depression Inventory was scored at a 25, indicating moderate depression. His Beck Anxiety Inventory was scored at a 15, indicating mild to moderate depression.

He was endorsing multiple neurovegetative signs and symptoms and multiple pain complaints. It was proposed that he undergo individual psychotherapy and biofeedback treatment with the treatment plan being to reintroduce him to pain and stress management techniques to ensure that his chronic pain syndrome does not continue to act as a variant to him to returning to productive employment.

Clinical Rationale

The typical recommended duration of a chronic pain management program is 20 sessions (National Guideline Clearinghouse: Bibliographical source-Clinical practice guidelines for chronic non-malignant pain syndrome patients II: an evidence-based approach. J Back Musculoskeletal Rehab 1999 Jan 1; 13:47-58) The patient was treated with at least 8 additional chronic pain management program days and only had mild to moderate benefit from the programming that was not enduring based on his current report of his functioning. A chronic pain management program is a tertiary level of care and is supposed to teach patients tools that they can continue to use following the programming. It does not appear that this patient had a robust or lasting response to this type of intervention. The proposed treatment is a secondary level of care. Given his lack of substantive progress at the tertiary level, returning to a lower level of care for is unlikely to provide the patient with substantive functional gains or relief. He does report major depressive symptoms at a moderate level that would be reasonable to treat; however, while treatment of the depression is included as part of the proposed treatment interventions, the focus appears to be on the chronic pain, which again has not responded to this type of intervention in the past. Furthermore, he has been noted to be not amenable to psychological interventions. This suggests that an alternative therapeutic approach to the depression should be considered such as antidepressant medications. Given the limited response to intensive treatment, his pain problems and psychological problems are likely to persist, and a mental health clinic that can support palliative treatment may be the best setting for him to receive treatment.

Clinical Criteria, Utilization Guidelines or other material referenced

- National Guideline Clearinghouse: Bibliographical source-Clinical practice guidelines for chronic non-malignant pain syndrome patients II: an evidence-based approach. J Back Musculoskeletal Rehab 1999 Jan 1; 13:47-58

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Psychiatry, and is engaged in the full time practice of psychiatric medicine.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring provider, 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 before referral to the IRO. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

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 address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 12th day of December 2005.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC:

Buena Vista Workskills
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214.692.6670

ARCH Ins./ FOL
Katie Foster
512.867.1733

[Claimant]