

MCMC

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

Date:	12/05/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0207-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request-individual psychotherapy times eight (8) 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 12/05/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Eight psychotherapy sessions were not medically necessary.

CLINICAL HISTORY:

The injured individual is a fifty-one year-old man who sustained a work-related injury on _____. The injured individual's job involved lifting metal poles used for making scaffolding used in construction work. He was employed as a carpenter at the time of the injury.

The injured individual had an L5-S1 laminectomy and discectomy and with interbody fusion on 05/26/2004. Following his surgery he was treated with physical therapy, medications, and a bone growth stimulator.

The injured individual underwent a Functional Capacity Evaluation (FCE) on 04/28/2005 performed by Shelly Tullis, M.P.T. It was noted that the injured individual's original job was at a heavy demand level. The results of the Functional Capacity Exam (FCE) demonstrated that the injured individual was at a light to medium demand level. Ms. Tullis noted the injured individual had underlying psychosocial issues secondary to his inability to work.

Robert Williams, M.D. on 03/09/2005 stated the injured individual was at maximum medical improvement on 03/09/2005 with a 10% whole person impairment rating.

The injured individual had a psychological evaluation on 10/06/2004 by Rafael Bertran, LPC, who is affiliated with Bexar County Health Systems. It was noted that he had been employed for the past fourteen years as a carpenter and was injured carrying iron beams. He was found to have problems with insomnia and was diagnosed with symptoms of depression and anxiety. Thirty sessions of a pain management program were requested. This request was denied. The injured individual also was treated with four sessions of individual psychotherapy with Mr. Bertran in 01/2005. He is reported to have had good results with this therapy and had a decrease in pain and symptoms of depression.

According to a request for an appeal for a denial of a request for eight individual counseling sessions from Bexar Health Care Systems dated 09/10/2005, signed by Daniel Hernandez, LCSW, the injured individual under a psychological evaluation on 08/15/2005. According to this evaluation, the injured individual was experiencing severe symptoms of depression, moderate symptoms of anxiety. He had a moderate level of subjective pain ("6-7/10") pain. He also suffered from insomnia. According to the appeal letter dated 09/10/2005, the injured individual was noted to have to have multiple psychosocial barriers to recovery. Mr. Hernandez requested eight sessions of psychotherapy. He stated that the goals of therapy would be to stabilize symptoms of depression and anxiety, improve stress management and coping skills.

There are progress and weekly summary notes from a chronic pain management program called "Northside" which the injured individual attended from 09/22/2005 to 10/05/2005. Attorney William J Grove reported in his letter of 11/02/2005 that the injured individual had attended a chronic pain management program under the direction of Bexar County Healthcare Systems from 09/22/2005 to 10/05/2005.

While in the pain management program the injured individual was treated by psychotherapists associated with Bexar County Health Systems. On 09/22/2005, the Mr. Bertran filled out a form while the injured individual was enrolled in the pain management program. The form had the notation "initial chronic pain management day", and listed psychological treatment goals. On 09/22/2005, notes described the injured individual as participating in three group psychotherapy sessions. The injured individual's baseline psychological assessment was also taken on 09/22/2005. His Beck Depression Inventory score of 34 was in the severe symptoms range. His Beck Anxiety Inventory score was 13, which is in the moderate range. He rated his pain at a level of "5/10". He was seen for an individual psychotherapy session on 09/22/2005.

On 09/23/2005, the injured individual had a biofeedback session and attended three psychotherapy groups while in the pain management program. He also attended three groups on 09/27/2005. On 09/28/2005, he attended two groups and had an individual psychotherapy session. On 09/28/2005 and 09/29/2005, the injured individual participated in three therapy groups. The injured individual participated in two group and one individual psychotherapy session. On 10/03/2005, the injured individual scored a 31 on the Beck Depression Inventory and remained in the severe symptoms range. He scored 16 on the Beck Anxiety Inventory, which was an increase, but he remained in the moderate range. There was no change in his pain rating. This document noted that the injured individual had one hour of individual psychotherapy on that date.

On 10/04/2005, he attended a biofeedback session and three therapy groups. On 10/05/2005, the injured individual attended two group sessions and had an individual psychotherapy session. No other records from individual or group psychotherapy were in the submitted medical records.

In summary, eight psychotherapy sessions were requested prior to the injured individual attending a pain management program. The appeal letter requesting the sessions was dated 09/10/2005. From 09/22/2005-10/05/2005, the injured individual attended a pain management program. During the program he received individual psychotherapy, group therapy and biofeedback sessions.

REFERENCE:

Lambert MJ, editor. Bergin and Garfield's handbook of psychotherapy and behavior change. 5th ed. New York: John Wiley and Sons Inc; 2004.

RATIONALE:

The injured individual was injured while working on _____. He injured his back while lifting metal rods. He was working as a carpenter at the time of the injury. On 09/10/2005, an appeal letter requested that the injured individual receive approval for eight psychotherapy sessions to address his depression and anxiety. The injured individual participated in a chronic pain management program from 09/22/2005-10/05/2005. While attending the program, he received psychological interventions that included individual psychotherapy, group psychotherapy and biofeedback. Since the injured individual was already receiving psychological treatment while enrolled in the pain management program, there was no need for him to receive additional individual psychotherapy sessions. The injured individual was attending up to three group psychotherapy sessions a day and also received weekly individual psychotherapy and weekly biofeedback sessions.

Since the injured individual was receiving psychological treatment in the pain management program, which included weekly individual psychotherapy sessions, eight weekly individual psychotherapy sessions were not medically necessary. Psychotherapy was not medically necessary as Lambert (2004) specifies that individuals already receiving individual psychotherapy should not be seen for additional individual psychotherapy by another therapist.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 10/27/05
- MR-117 dated 10/27/05
- DWC-60
- DWC-69 Report of Medical Evaluation
- DWC-73 Work Status Reports dated 06/08/04 through 10/10/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 11/08/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 10/27/05

- Bexar County Healthcare Systems: Letter dated 11/18/05 from Nick Kempisty, Chief Compliance Officer
- Downs-Stanford, P.C.: Letters dated 11/02/05, 10/24/05 from W. Jon Grove
- Northside: Weekly Case Conference Sign-In Sheets dated 10/27/05, 10/13/05, 09/29/05, 09/2/05
- Northside: Weekly Summary Medical dated 10/27/05, 10/13/05, 09/29/05, 09/22/05
- Bexar County Healthcare Systems: Letter dated 10/21/05 from Daniel Hernandez, LCSW
- Northside: Weekly Summary Response to Treatment notes dated 10/27/05, 10/13/05, 10/06/05, 09/29/05, 09/22/05
- Weekly Summary Physical: Response to Treatments dated 10/26/05, 10/13/05, 10/05/05, 09/28/05, 09/22/05
- Daniel Hernandez, LCSW: Psychology Progress Notes Biofeedback dated 10/25/05, 10/20/05, 10/17/05, 10/13/05, 10/04/05, 09/30/05, 09/23/05
- Bexar County Healthcare Systems: Nutrition Group Note dated 10/03/05
- Bexar County Healthcare Systems: Clock in/out sheets for the periods 10/03/05 to 10/07/05, 09/26/05 to 09/30/05, 09/19/05 to 09/23/05
- Daniel Hernandez, LCSW: Psychology Progress Notes, Group Therapy dated 09/29/05, 09/30/05, 10/03/05, 10/13/05, 10/14/05, 10/17/05, 10/18/05, 10/20/05, 10/21/05, 10/25/05
- Daniel Hernandez, LCSW: PPA report dated 09/26/05
- Scott Persinger, LCSW; Psychology Progress Notes, Group Therapy notes dated 09/22/05, 09/23/05, 09/27/05, 10/04/05
- Rafael Bertram, M.A., L.P.C.: Psychology Progress Notes, Group Therapy dated 09/22/05, 09/23/05, 09/26/05, 09/27/05, 09/28/05, 09/29/05, 10/03/05, 10/04/05, 10/05/05, 10/12/05, 10/13/05, 10/14/05, 10/17/05, 10/18/05, 10/19/05, 10/20/05, 10/21/05, 10/25/05, 10/26/05
- Interdisciplinary Pain Rehabilitation Program: Handwritten notes dated 09/22/05 through 10/26/05
- Intracorp: Letter dated 09/19/05
- State Office of Administrative Hearings: Letter dated 09/19/05 from Sharon Cloninger, Administrative Law Judge, with attached Decision and Order
- Bexar County Healthcare Systems: Letter dated 09/10/05 from Daniel Hernandez, LCSW
- Intracorp: Facsimile Transmission Cover Sheet with comment dated 09/01/05
- Bexar County Healthcare Systems: Evaluation dated 08/15/05 from Daniel Hernandez, LCSW
- Warm Springs Rehabilitation Northeast Clinic: Initial Evaluation/Examination dated 07/27/05
- Warm Springs Rehabilitation Northeast Clinic: Plan of Care dated 07/27/05
- Khym Zarzuela, D.O. Prescription notes dated 06/12/05
- Shelly Tullis, MPT: Functional Capacity Evaluation dated 04/28/05
- San Antonio Work Rehab: Prescription notes dated 04/26/05, 11/08/04
- Robert S. Williams, M.D.: Letter dated 03/09/05
- Bexar County Healthcare Systems: Letter dated 01/31/05 from Scott Persinger, LMSW
- Lumbar spine radiographs dated 01/18/05, 11/02/04, 09/27/04, 08/17/04
- Khym Zarzuela, D.O.: Reports dated 01/12/05, 01/05/05

- Rafael Bertran, MA, LPC: Handwritten Mental Behavioral Health Consultation & Progress Notes dated 09/26/05 through 10/26/05, 01/03/05 through 01/24/05 and one with date not visible (??/22/05)
- Treatment Summary note dated 01/24/05
- San Antonio Work Rehab: Progress Note/Re-Evaluation dated 01/07/05
- San Antonio Work Rehab: P.T. Exercise Flow Sheets for the period 12/13/04 through 02/04/05
- San Antonio Work Rehab: Daily Physical Therapy Notes (handwritten) dated 12/13/04 through 02/04/05
- San Antonio Work Rehab: Physical Therapy Evaluation (handwritten) dated 12/09/04 from Shelly Tullis, M.P.T.
- Bexar County Healthcare Systems: PPE report dated 12/06/04 from Shelly Tullis, MPT and James Lee, LPT
- A.R. Garza-Vale, M.D.: Worker's Compensation Medical Report dated 11/15/04
- Buis Bieler, M.D.: Follow-up Examinations dated 10/26/04, 07/2/04
- Bexar County Healthcare Systems: Evaluation dated 10/06/04 from Rafael Bertran, LPC
- Combined Care Health Centers: Prescription note dated 09/22/04 from Douglas Burke, D.C.
- Combined Care health Centers: Reports dated 08/25/04, 08/11/04, 07/14/04 from Douglas Burke, D.C.
- Gerardo Zavala, M.D.: Letter dated 08/17/04
- Combined Care Health Centers: Notes dated 07/14/04, 08/11/04, 08/25/04, 09/22/04, 10/20/04, 11/08/04, 12/06/04, 01/03/05, 02/03/05, 05/04/05, 05/19/05, 06/21/05, 09/26/05
- Gerardo Zavala, M.D.: Clinical Assessments dated 06/08/04, 07/06/04, 08/17/04, 09/28/04, 12/07/04, 01/18/05, 04/05/05, 07/12/05, 08/16/05
- Operative Procedure dated 05/26/04 from Gerardo Zavala, M.D.
- Southeast Baptist Hospital: CT lumbar spine dated 01/07/04
- Injury, Pain & Rehabilitation Center: Initial Evaluation dated 04/28/03 from Anjali Jain, M.D.
- Injury Pain & Rehabilitation Center: Electromyography and Nerve Conduction Study dated 04/28/03
- Southwest Open MRI: Lumbar spine MRI dated 04/08/03
- Undated doctor's note (one page only) with heading "DSM IV Diagnostic Impressions"

The reviewing provider is a **Licensed/Boarded** and certifies that no known conflict of interest exists between the reviewing **Clinical 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.

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

5th day of December 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____