

# MCMC

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

<b>Date:</b>	<b>12/16/2005</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-06-0288-01</b>
<b>DWC #:</b>	
<b>MCMC Certification #:</b>	<b>IRO 5294</b>

### REQUESTED SERVICES:

Please review the item(s) in dispute: Psychotherapy once weekly for six weeks.

### DECISION: **Upheld**

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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 12/16/2005, 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 seventy-three year-old man who received a work-related injury on \_\_\_ when he fell on his left foot and left ankle while trying to remove a tarp from a truck. X-rays revealed no fractures, and his MRI's revealed degenerative joint disease. He had an EMG which showed no evidence of any generalized sensory motor peripheral neuropathy. He has been treated with physical therapy, chiropractic therapy, TENS unit and pain medications.

On 09/09/2005, the injured individual underwent an independent medical examination with Bryan Drazner, M.D. Dr. Drazner listed the injured individual's diagnoses as left ankle sprain/strain and symptom magnification. Dr. Drazner noted that a soft injury such as the injured individual received would be expected to resolve in four to six weeks and no longer than eight weeks. There was no evidence of any psychiatric condition.

Susan Erredge, D.P.M. completed the designated doctor evaluation on the injured individual on 11/08/2005. Dr. Erredge reported that the injured individual could return to work if light duty was available. She reported that he was experiencing pain in his ankle, foot and toes. He rated his pain at a level of "7/10". He had a limp on the left side and used a walker. He was estimated to be at maximum medical improvement (MMI) on 01/18/2006.

The injured individual received a behavioral health evaluation on 09/15/2005 which was conducted by Laurence Lee, LPC. The injured individual reported sleeping six hours a night. He stated that his pain interferes with activities of daily living including yard work, cooking, exercising, walking and climbing stairs. He rated his pain as "8/10".

His speech, psychomotor activity and attention were described as "normal". He was fully oriented. His affect was appropriate to the situation. His memory for recent and remote events was intact. He denied any suicidal ideation or plan. He was diagnosed with an adjustment disorder with depression and anxiety. He was given a GAF of "70" (some mild symptoms). He is not prescribed any psychiatric medications.

He obtained a score of nine on the Beck Depression Inventory which indicated minimal depression. He also had a score of six on the Beck Anxiety Inventory which indicated minimal anxiety. Six weeks of individual psychotherapy were requested to treat the injured individual's depression and anxiety.

**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 suffered a left ankle sprain/strain on \_\_\_ when he fell on his left foot while trying to remove a tarp. He had been employed as a truck driver. He was treated with physical therapy, chiropractic therapy, TENS unit and pain medications. He was released to return to light duty work. He continues to complain of severe pain. He was diagnosed with an adjustment disorder with depression and anxiety. . He was given a GAF rating of "70" (some mild symptoms). He had minimal symptoms of depression and anxiety on the Beck Depression Inventory and the Beck Anxiety Inventory. Since the injured individual had only minimal symptoms of depression and anxiety, six psychotherapy sessions to treat his depression and anxiety and are not medically necessary. According to Lambert (2004), psychological treatment is not indicated if no significant psychological symptoms are present. Overall, six psychotherapy sessions are not medically necessary.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 11/22/05
- MR-117 dated 11/22/05
- MR-100 dated 10/31/05
- DWC-60
- DWC-69: Report of Medical Evaluation
- DWC-73: Work Status Reports dated 07/29/05 through 11/01/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 120/02/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 11/22/05
- Harris & Harris: Letters dated 11/29/05, 11/04/05 from Robert Josey

- Baptist M & S Imaging Center: MRI left ankle, MRI left tibia;/fibula, MRI right tibia/fibula, MRI right ankle dated 11/10/05
- Susan Erredge, D.P.M.: Designated Doctor Evaluation dated 11/08/05
- Neurology Center of San Antonio: Peer Review Report dated 10/22/05 from Wayne Gordon, M.D.
- Buena Vista Workskills: Requestor's Position Regarding Pre-Authorization dated 10/20/05 from Tracey Duran, Clinical Supervisor
- U.S. Postal Service: Delivery Confirmation Receipt dated 10/20/05
- Corvel: Pre-Authorization Determinations dated 10/13/05, 10/03/05, 09/30/05, 09/26/05
- Corvel: Determination reports dated 10/12/05, 09/29/05
- South Texas Center for Orthopedics: History, Physical & Progress Notes dated 10/12/05, 10/26/05
- Unsigned file note dated 10/11/05
- Brad McKechnie, D.C.: Report dated 10/10/25
- Alpine Healthcare: S.O.A.P. Notes dated 10/07/05, 10/06/05, 09/24/05, 09/16/05, 09/13/05, 09/09/05, 09/02/05, 07/26/05
- Buena Vista Workskills: Treatment Preauthorization Request dated 10/03/05, 09/26/05
- Buena Vista Workskills: Reconsideration: Request for Behavioral Health Treatment dated 10/03/05 from Tracey Duran, Clinical Supervisor
- Service Lloyds: Notice of Disputed Issues dated 09/28/05, 09/07/05, 08/22/05
- Buena Vista Workskills: Initial Behavioral Medicine Consultation dated 09/15/05 from Laurence Lee, Behavioral Medicine Consultant
- NJZ Medical Associates: Independent Medical Examination dated 09/09/05 from Bryan Drazner, M.D.
- Alpine Healthcare: Medical Necessity for Translation Services dated 09/07/05, 08/08/05, 08/05/05, 08/03/05, 08/01/05
- Donald Dutra, Jr., M.D.: Electrodiagnostic Examination dated 08/25/05
- Corvel: Letter dated 08/17/05 from Donna Wysocki, M.Ed., Vocational Rehabilitation Specialist
- Premier Medical Imaging: Final Report dated 08/11/05
- Daily Treatment Card – S.O.A.P. Notes (handwritten) dated 08/08/05, 08/05/05
- Buena Vista Workskills: Referral form dated 09/02/05
- Employer's First Report of Injury or Illness dated 07/28/05
- Dr. Alonzo Ortega: Prescription note dated 07/19/05
- Baptist Health System: Radiology Final Report dated 07/11/05
- Baptist Health System: Registration Record dated 07/11/05
- Baptist Health System: E.D. Nursing Assessment dated 07/11/05
- Baptist Health System: Radiographs of the left tibia and fibula and left tibia, fibula and ankle dated 07/11/05
- Baptist Health System: Emergency Physician Record dated 07/11/05
- Baptist Health System: Emergency Department Physician Record dated 07/11/05
- Baptist Health System: Injury Status Report dated 07/11/05
- Lozano Construction Co.: Undated Statement of Injury from Pete Lozano

- 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.

### **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**

**16<sup>th</sup> day of December 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_