

IRO America Inc.

An Independent Review Organization

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January 5, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-0330-01

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 Clinical Research. 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: Initial evaluation, Donald F. Dutra, Jr., M.D., dated 11/11/04
Behavioral Medicine Re-Evaluation, Melissa Brown, M.S., L.P.C., dated 9/15/05
Letter denying coverage from Concentra (Eber Simpson, CCM), dated 9/23/05
Requestor's position regarding pre-authorization, Lieu Vuong, Ph.D., dated 9/30/05
Preauthorization request, Tracey Duran, M.S., L.P.C., dated 10/6/05
Letter denying coverage from Concentra (Noelle Thaxton, Case Mgr.), dated 10/11/05.

CLINICAL HISTORY

___ is a 47 year old woman who slipped and fell at work on ___. As a result of this fall, she sustained a compensable work injury to her elbow, right wrist, and left ankle. X-rays and MRI show mild medial soft tissue swelling; mild posterior tibialis tenosynovitis; fluid in the proximal flexor hallucis longus tendon sheath suggestive of synovitis; sinus tarsi edema; and chronic anterior talofibular ligament tear. She participated in physical therapy and received passive treatments such as ultrasound and prescription medication (Vioxx, Ibuprofen, Naproxen, and Effexor), and was treated for her elevated pain experience and psychological distress. She was approved for 4 individual psychotherapy sessions in January 2005 and made documented, modest gains during this treatment. Ms. ___ ultimately had a left ankle lateral ligament reconstruction by Dennis Gutzman, M.D. (8/23/05) in a further attempt to resolve the chronic pain she was experiencing. This was followed by post-operative rehabilitation. Ms. ___ reported the surgery did not resolve her pain. Psychologically, Ms. ___ meets diagnostic criteria for (307.89) pain disorder associated with both psychological factors and a general medical condition and (296.22) major depressive disorder, chronic, single episode, moderate.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of individual psychotherapy once weekly for 6 weeks.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

It has been well established since the mid eighties (i.e., Howard, Kopta, Krause, & Orlinsky, 1986; Howard, Orlinsky, & Lueger, 1994; Consumer Reports, 1995; Seligman, 1995) that there is a dose response curve associated with the efficacy of psychotherapy. In short, long-term therapy produces more improvement than short-term therapy. Furthermore, patients whose length of therapy or choice of therapist is limited by insurance or managed care do worse. The previous course of psychological treatment authorized by insurance for Ms. ___ was only 4 sessions. This duration of psychotherapy, according to empirical criterion endorsed by the American Psychological Association, is not a reasonable standard of care given the documented negative impact of chronic pain disorder on Ms. ___'s recovery process. Her initial psychological improvement was documented as modest, as would be expected after only 4 sessions of individual psychotherapy. Furthermore, she has recently undergone major surgery, an intervention was less than satisfactory in alleviating her pain. According to the evidence, there is a clear need for additional psychotherapy to resolve Ms. ___'s psychological pain issues which are likely contributing to a major depressive disorder and a sustained decline in overall functioning. Her mental health care provider is requesting additional IPT sessions to satisfy rule TWCC 134.1001(C)(1)(A) on Entitlement to Medical Benefits stating "An employee who sustains a compensable injury is entitled to all health care **reasonably required** by the nature of the injury as and **when needed**." Ms. ___ requires at least 6 sessions of individual psychotherapy.

Screening Criteria

1. Specific:

- Consumer Reports (1994). Annual questionnaire.
- Consumer Reports (1995, November). Mental health: Does therapy help? (734-739)
- Howard, K., Kopta, S., Krause, M. & Orlinsky, D. (1986). The dose effect relationship in psychotherapy. American Psychologists, 41, 159-164.
- Howard, K., Orlinsky, D., & Lueger, R. (1994). Clinically relevant outcome research in individual psychotherapy. British Journal of Psychiatry, 165, 4-8.
- Seligman, M.E.P. (1995). The effectiveness of psychotherapy: The consumer reports study. American Psychologist, 50(12), 965-974.

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 literate 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: _____ Buena Vista St. Paul Ins.
_____ Attn: James Odom Attn: Jeanne Schafer
_____ Fax: 214-692-6670 Fax: 512-347-7870

Noel Nolasco
Fax: 210-682-2922

Your Right To Appeal

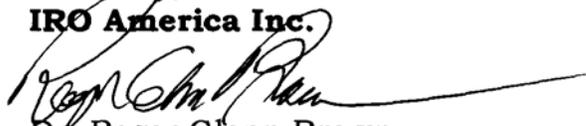
If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

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 5th day of January, 2005.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer