

February 1, 2006

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0347-01

CLIENT TRACKING NUMBER: M2-06-0347-01 / 5278

---

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider 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 before referral to the IRO.

**Records Received:**

Records Received from the state of Texas:

Notification of IRO assignment dated 12/06/05 5 pages  
Review determination from Hartford dated 10/05/05 2 pages  
Request for appeal dated 10/03/05 3 pages  
Denial letter dated 09/15/05 1 page

Records Received from Requestor:

Treatment request dated 09/08/05 1 page  
Patient medical history dated 06/10/05 4 pages  
Visit notes dated 06/27/05 2 pages  
Nerve conduction report dated 06/29/05 2 pages  
Exam notes dated 06/29/05 2 pages  
(continued)

Treatment notes dated 07/07/05–07/15/05 1 page

Exam notes dated 07/15/05 2 pages

Treatment notes dated 07/19/05–07/25/05 1 page

Exam notes dated 07/29/05 2 pages

Follow up exam notes dated 08/12/05 2 pages

Treatment notes dated 07/19/05–08/26/05 3 pages

Follow up exam notes dated 08/26/05 2 pages

Patient medical history dated 06/10/05 4 pages

Follow up exam notes dated 06/29/05 2 pages

Nerve conduction report dated 06/29/05 2 pages

Work status report dated 06/13/05 1 page

Work status report dated 06/29/05 1 page

### **Summary of Treatment/Case History:**

The patient is a 30-year-old male with repetitive wrist injury reported on \_\_\_\_\_. The patient worked as a bank teller. He saw his physician on 6/10 who noted swelling, erythema, positive Tinel on the left, coolness on the left. The patient complained of numbness and pain in the 4th and 5th fingers radiating up to the elbow. An EMG was read as mild CTS but interpreted by the MD as negative. She recommended PT which began in 7/05. Subsequent x-rays were negative. The MD saw the patient frequently over the next 6 weeks and notes by 8/26 which is the last dictation that the patient has improved 60% with PT and if he does not improve further a surgical consult will be ordered. He had taken Mobic and Flexeril for this problem. The psych/biofeedback was denied twice as there was no strong indication the patient had failed treatment or was doing poorly; on the contrary, all the MD progress notes indicate significant improvement. The letter of appeal for this states he has symptoms of depression such as poor sleep, has BDI of 11, BAI of 9, and poor coping skills so the psych is requested.

### **Questions for Review:**

1. Is individual psych x 4 medically necessary?

### **Explanation of Findings:**

The patient is a 30-year-old male with bilateral wrist numbness, swelling, and spasms since \_\_\_\_\_. He made 60% improvement by 8/26 with PT. There are no further MD notes after this. The psych letter of appeal of 10/05 states he is depressed, has poor coping skills and requires psychotherapy. There is no other confirmation of this clinically from his treating MD, PT, or a surgeon. The last note of 8/26/05 indicated he was doing well and continuously improving.

### **Conclusion/Decision to Not Certify:**

1. Is individual psych x 4 medically necessary?

Individual psych services are not medically necessary.

### **Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Guidelines are common practice among pain MDs.

(continued)

**References Used in Support of Decision:**

1. Bonica's Management of Pain third edition copyright '00.
2. ACOEM guidelines copyright 2004.

-----

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

**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.

Chief Clerk of Proceedings / Appeals Clerk  
P. O. Box 17787  
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical  
(continued)

literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1197824.1

Case Analyst: Raquel G ext 518

cc: requestor and respondent