

MCMC

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

Date:	02/10/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0369-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization in dispute, individual psychotherapy once weekly for six weeks.

DECISION: Reversed

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 02/10/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Six psychotherapy sessions are medically necessary.

CLINICAL HISTORY:

The injured individual is a forty-seven year-old man who was injured in a work related accident on _____. According to a pre-surgical diagnostic interview update dated 05/03/2005, the injured individual suffered a work related injury while performing his duties as a heavy equipment operator. He was climbing down a flight of stairs when he slipped and fell back into the staircase striking both his elbows and his back. He sustained an injury to his thoracic spine in the fall. He was found to be mildly depressed and anxious. Psychological testing revealed mild depression and moderate anxiety. He was diagnosed with an adjustment disorder with mixed anxiety and depressed mood.

On 09/20/2005, a request for behavioral health treatment was submitted. It was noted that the injured individual had a small posterior disc protrusion at T2-T3 and T9-T10. He also had a

central disc bulge at T6-T7 and T7-T8. At this time, the results of psychological testing showed moderate levels of depression and anxiety. Six individual psychotherapy sessions were requested to reduce symptoms of depression and anxiety, and to enhance post-surgical adjustment, and to assist in a return to work.

The injured individual had a behavioral health evaluation 10/13/2005. He stated that he had participated in a work hardening program from 01/2005 to 03/2005. He was also treated with medication, injections and physical therapy. Since having surgery, the injured individual stated that he has had increased pain. He rated his pain at a level of "7/10". His mood was mildly anxious and depressed. He was diagnosed with pain disorder associated with both psychological factors and a general medical condition and depression not otherwise specified related to a work injury. He was given GAF of 52. He was also administered both the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). He scored in the moderate range of depression on the BDI, and on the BAI he scored in the severe range of 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 received a work-related injury on _____. He sustained an injury to his thoracic spine. He was treated with physical therapy, a work hardening program, injections and medications. He also underwent a decompression and laminectomy in 05/11/2005. After the surgery he stated he had increased pain. He completed a behavioral health evaluation on 10/13/2005. He rated his pain as "7/10". He was also administered both the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). He scored in the moderate range of depression on the BDI and on the BAI he scored in the severe range of anxiety. Six psychotherapy sessions were requested to treat his depression and anxiety.

Overall, the injured individual had symptoms of anxiety and depression associated with difficulties dealing with pain from a work injury. It would be reasonable to receive six psychotherapy sessions to treat his depression and anxiety as (Lambert, 2004) has shown that psychotherapy can be effective in reducing the symptoms of depression and anxiety. Thus, six psychotherapy sessions were medically necessary.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 11/21/05
- MR-117 dated 11/21/05
- MR-100 dated 11/10/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 01/25/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 11/21/05
- United States Postal Service: Delivery Confirmation Receipts signed 12/01/05 and 11/02/05

- Buena Vista Workskills: Requester's Position on Pre-Authorization dated 10/31/05 from Nicole Mangum, Ph.D. and Jeanne Selby, Ph.D.
- The Hartford: Review Determination dated 10/19/05 from Jennifer Jacobs, RN
- Buena Vista Workskills: Reconsideration: Request for Behavioral Health Treatment dated 10/14/05 from Tracey Duran, MS, LPC
- Buena Vista Workskills: Treatment/Requested Services forms dated 10/14/05 and 09/20/05
- Buena Vista Workskills: Behavioral Medicine Post Surgical Evaluation dated 10/13/05 from Elizabeth Keller, RN, LPC with attached Addendum
- The Hartford: Review Determination dated 09/23/05 (first page only)
- Buena Vista Workskills: Request for Behavioral Health Treatment dated 09/20/05 from Erica Penick, MA, LPC-Intern
- Buena Vista Workskills: Individual Psychotherapy Plan & Goals of Treatment dated 09/20/05 from Erica Penick, MA, LPC-Intern
- Buena Vista Workskills: Referral form dated 08/17/??
- Buena Vista Workskills: Pre-surgical Diagnostic Interview Update dated 05/03/05 from Elizabeth Keller, RN, LPC-Intern and Phil Bohart, MS, CRC, LPC with attached Addendum
- Rita Sealy-Wirt, DC: Clinical Notes, S.O.A.P. Notes dated 02/09/05 and 12/09/04
- Hill Country Behavioral Health: Patient Face Sheet dated 01/05/05
- Premier Medical Imaging: MRI lumbar spine dated 12/23/04
- Southwest Diagnostic: MRI thoracic spine dated 12/09/04

The reviewing provider is a **Licensed/Boarded Clinical Psychologist** 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

14th day of February 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____