

MCMC

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

Date:	12/27/2005
Injured Employee:	
Address:	
MDR #:	M2-06-0378-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for twelve one (1) hour sessions of individual psychotherapy sessions (CPT 96152=48 units) and twelve 90 minute sessions of group psychotherapy sessions (CPT 96153=72 units).

DECISION: **Partial**

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 12/27/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Six individual psychotherapy sessions are medically necessary. Twelve group psychotherapy sessions are not medically necessary.

CLINICAL HISTORY:

The injured individual is a fifty year-old man who sustained a work-related injury to his lower back on _____. He was working as a cable installer at the time of the injury. He was loading a ladder onto his truck when his foot slipped, jerking him forward. He experienced pain in his right shoulder and lower back. He was treated with physical therapy and had a spinal fusion surgery on 09/22/2004. He described a very poor post-surgical recovery and experienced increased pain and incontinence. On 05/04/2005 he had hardware removal, revision and re-exploration of the lumbar spine.

The injured individual received a health and behavioral evaluation administered by Gary Whiting, Ph.D. on 09/19/2005. He rated his pain at a level of "5-6/10". The injured individual's medications include Norco 80 mg per day though the injured individual admitted that he often exceeds this level and considered himself addicted. He has been approved for Social Security Disability. He stated that he was "too depressed" to follow up on referrals for physical therapy.

Dr. Whiting noted that "A brief battery of health and behavioral tests were administered, and were judged to be valid. Primary symptoms involve severe levels of negative reactivity and autonomic arousal in response to continuing pain and disability, with a near-cessation of the viable activities that would counter this patient's levels of impairment." Dr. Whiting diagnosed the injured individual with pain disorder exacerbated by depression and anxiety.

Twelve one-hour individual psychotherapy sessions and twelve ninety-minute of group psychotherapy sessions were requested. The goals of individual psychotherapy were to teach the injured individual pain and stress management skills. Group psychotherapy was recommended in order to provide social support and to counteract social withdrawal, and to provide a vehicle for educational interventions.

REFERENCES:

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

Nielson, WR and Weir, R, Biopsychosocial approaches to the treatment of chronic pain. Clinical Journal of Pain, 2001, 17 Dec. (Suppl :S114-27).

RATIONALE:

The injured individual is a fifty year-old man who sustained an injury to his lower back on _____. He has been treated with physical therapy and surgery. He takes Norco 80 mg per day for pain, but stated that he exceeds this level and considers himself "addicted". He underwent a health and behavioral evaluation with Gary Whiting, Ph.D. on 09/19/2005. He continued to complain of severe pain. Dr. Whiting noted that the injured individual had "severe levels of negative reactivity and autonomic arousal". He also was found to have symptoms of depression and anxiety in response to difficulties coping with his pain and disabilities.

Since the injured individual has evidence of symptoms of depression and anxiety associated with difficulties coping with his pain, it would be appropriate to receive a trial of six individual psychotherapy sessions to treat his condition. Psychotherapy is medically necessary as Lambert (2004) has shown that psychotherapy can be effective in treating depression and anxiety. In addition, Nielson and Weir (2001) have also shown that psychological interventions can assist individuals in coping more effectively with their pain. It would be reasonable to have the injured individual complete a trial of six psychotherapy sessions and then determine if any additional treatment is medically necessary. If he does not respond to the six sessions, then additional psychotherapy and/or group psychotherapy could be considered.

RECORDS REVIEWED:

- DWC: Notification of IRO Assignment dated 11/23/05
- MR-117 dated 11/23/05
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 12/05/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 11/23/05
- St. Paul Travelers: Letters dated 10/19/05 and 09/27/05

- Rehab Therapy Resources: Appeal of Non-Authorization dated 10/12/05 from Gary Whiting, Ph.D
- Rehab Therapy Resources: Fax note dated 09/19/05
- Rehab Therapy Resources: Health and Behavioral Evaluation dated 09/19/05 from Gary Whiting, Ph.D
- Medical Management-Assignment notes dated 07/08/05 through 10/19/05
- Rehab Therapy Resources: Undated Request for an Independent Review from Gary Whiting, Ph.D
- Rehab Therapy Resources: Undated letter from Gary Whiting, Ph.D. regarding nature of services and mission statement
- Google: Undated directions sheet to addresses in Quincy, MA

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

27th day of December 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____