

MCMC

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

Date:	04/07/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0504-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for 16 one and a half hours sessions of group health and behavioral intervention.

DECISION: Upheld

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 04/07/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Sixteen one and one-half hours of group health and behavioral intervention are not medically necessary.

CLINICAL HISTORY:

The injured individual is a fifty year-old man who was injured in a work-related incident on _____. He was injured when he drove forklift into a pole. He injured his neck and back as a result of the impact with the pole. He also was diagnosed with right carpal tunnel and right cubital tunnel syndrome. An MRI of the cervical spine in 06/2000 revealed the presence of cervical spondylosis from C3-C6. He was treated with physical therapy, steroid injections, and pain medications. He underwent an anterior cervical discectomy, foraminotomy and fusion plating from C3 to C6 on 03/28/2001. On 03/27/2002 he had a decompressive laminectomy with posterior lumbar interbody fusion at L3-L4-L5-S1. He continued to have pain. He also complained of symptoms of depression and anxiety and was treated with medications. It had

been recommended that he undergo another cervical surgery and a morphine pump implanted. He is reported to have refused these recommendations.

The injured individual had a psychological evaluation on 08/27/2002. Please note that this report is almost four years old. At that time he rated his pain at a level "6-7/10". He described increasing problems with homicidal and suicidal ideation, though his risk of harming himself or others was considered minimal. He also stated he was socially isolated. It is noted that the injured individual attended psychotherapy, but no other details were given.

According to a preauthorization request dated 05/20/2005, the injured individual was initially referred to Dr. Whiting in 2002 for treatment of depression and anxiety associated with difficulties coping with his pain. He was noted to have received psychotherapeutic care at that time. He was referred to the current program for specialized training in "rehabilitation coping skills". According to the note from 05/20/2005, the injured individual had an "excellent initial response" to the "Walking" and "Pain management" groups. It was never stated how many sessions he had attended. It was requested that the injured individual participate in sixteen additional group health and behavior interventions with each session lasting 90 minutes (six units of CPT 96153, which are billed in 15-minute increments).

According to a note dated 10/21/2005, the injured individual had attended eight group health and behavioral sessions. He is reported to have gain increased pain management skills and has increased his daily level of functioning. According to the note, the injured individual has "continues to have a very robust response to the training in natural recovery skills". An additional sixteen one and one half hour sessions of group health and behavioral intervention were requested. The goals of the program are to avoid recommended surgery, avoid a morphine pump implant or spinal cord stimulator, increase social activity, increase use of pain management skills and increase sleep. The techniques used would be biofeedback, hypnosis, Ta Chi Kung techniques and recovery group.

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 is a fifty year-old man who was injured at work in _____. He sustained injuries to his cervical and lumbar spine. He had failed lumbar and cervical surgeries. The injured individual had a psychological evaluation in 2002, which revealed the presence of symptoms of "severe" depression and anxiety. The injured individual had psychotherapy to address those issues in 2002. The evaluation and treatment were conducted by Gary Whiting, Ph.D. He then was re-referred back to Dr. Whiting in 1995. The injured individual completed an unspecified number of sessions designed to teach him pain management techniques. No objective measures of progress were listed in the supplied medical records. According to Lambert (2004) documentation of objective measures of treatment progress are necessary in order to justify additional behavioral treatments. In addition, the injured individual has not had a

recent psychological evaluation, which would be reasonable in order to develop a treatment plan. Overall 16 one and one half hours of group health and behavioral intervention are not medically necessary.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 03/17/06
- MR-117 dated 03/17/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 03/22/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/17/06
- Broadspire: Letter dated 03/21/06 from Rick Jacobs, Claims Specialist III
- Broadspire: Notice of Reconsideration dated 11/17/05 from Dr. Barry Glassman
- Rehab Therapy Resources.: Appeal of Non-Authorization dated 11/15/05 from Gary Whiting, Ph.D
- Broadspire: Psychotherapy Treatment Plan Update and Progress Report (handwritten) dated 11/14/05
- Broadspire: Notice of Denial of Pre-Authorization dated 10/31/05
- Rehab Therapy Resources.: Letters dated 10/21/05, 05/20/05 from Gary Whiting, Ph.D
- Rehab Therapy Resources.: Psychological Evaluation dated 08/27/02 from Gary Whiting, Ph.D
- 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

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

7th day of April 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi