

MCMC

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

Date:	04/27/2006
Injured Employee:	
Address:	
MDR #:	M2-06-0990-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for psychological evaluation 90801.

DECISION: **Partial**

IRO MCMCllc (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 04/27/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

A one-hour psychological evaluation is medically necessary.

CLINICAL HISTORY:

The injured individual is a fifty-eight year-old woman who sustained a work-related injury on _____. She was lifting a box at work and felt low back pain. She has been treated with physical therapy, injections, and medications. She has undergone a laminectomy and decompression at L4-L5 and L5-S1 with fusion, removal of some of the instrumentation at L4-L5- and L5-S1, and a spinal cord stimulator. It is reported that the injured individual has had extensive psychological treatment for her work-related injury including a chronic pain management program. She is currently diagnosed with a chronic pain syndrome.

The injured individual had a psychosocial evaluation on 02/05/2003 with Lin Sutton, Ph.D.. The injured individual rated her average pain level at "8/10". The injured individual reported that in

May of 2001 she fell backwards and hit her head. Dr. Sutton noted that this injury was a result of her work-related injury and her right leg weakening. As a result of the fall, the injured individual reported suffering from severe headaches, sensitive to light, difficulty concentration and cognitive deficits. She was administered the P-3 Pain Patient Profile. All her scores fell (depression, anxiety and somatization) within the extreme range. She was diagnosed with pain disorder with psychological and general medical condition and adjustment disorder with mixed emotional features. She denied suicidal ideation. She was referred to individual psychotherapy and a chronic pain management program.

A 06/25/2003 progress note from the chronic pain management program stated the injured individual had a history of suicidal ideation and significant frustration dealing with chronic pain. She had a follow-up visit on 07/28/2003 following completion of a chronic pain management program. She stated her mood had improved, she was sleeping better and her activity level had increased.

Progress notes by Morris Lampert, M.D. from 02/24/2004 to 01/05/2006 were submitted. On 02/24/2004 Dr. Lampert diagnosed her with a posttraumatic stress reaction with depression and anxiety. Dr. Lambert also noted that the injured individual suffered a closed head injury which produced a mild cervical concussion, posttraumatic unilateral vascular headaches and "posttraumatic nervous instability with depression, anxiety, irritability, temper burst and impulsivity." She was described as moderately depressed. The progress notes reported the injured individual's complaints of pain, anxiety and depression.

On 07/19/2005, the injured individual was noted by Dr. Lampert to have moderate depression and anxiety. She had social withdrawal, nocturnal restless and absence of libido. She was prescribed Prozac 50 mg q day for depression and Xanax 0.25 mg b.i.d. for anxiety.

In a 01/05/2006 progress note from Dr. Lampert, the injured individual was described as having lower back pain with spasms and depression with irritability, anger, suicidal ideation, short tempered, and anxiety. He stated that the injured individual's depression has been worsening. She was prescribed Prozac 60 mg q day for depression. He recommended a psychological evaluation along with psychological counseling and hypnotherapy.

There is a progress note from M. David Dennis, M.D. on 01/19/2006. Dr. Dennis notes that the injured individual was stable, but remained disabled. There was no documentation of depression or suicidal ideation. The injured individual was seen on 03/20/2006 for a pain management consultation. No psychiatric symptoms were noted. Four hours of psychological evaluation was requested.

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 suffered a work-related injury to her back on _____. She has been treated with physical therapy, injections, medications, and surgery. It is also reported that she has had extensive psychological treatment including a chronic pain management program. She is currently diagnosed with lumbar fusion and chronic pain syndrome. She also suffered a closed head injury in 05/2001.

Morris Lampert, M.D. noted on 01/05/2006 that the injured individual continued to have back pain and had depression with irritability, anger, suicidal ideation, short temper, and anxiety. Dr. Lampert stated that a psychological evaluation would be appropriate along with psychological treatment.

Since the injured individual has been described as moderate to severe depression with suicidal ideation, a psychological evaluation would be reasonable. The injured individual does not require a four-hour evaluation. She is already known to be depressed and anxious and treatment was already recommended. A one-hour psychological evaluation should be sufficient to determine a diagnosis and treatment plan. A psychological evaluation is medically necessary as Lambert (2004) notes that individuals with significant psychiatric symptoms and suicidal ideation would be appropriate candidates for a psychological assessment to determine an appropriate course of treatment (i.e., individual therapy, intensive outpatient treatment, day treatment, medication management or inpatient treatment).

RECORDS REVIEWED:

- Notification of IRO Assignment dated 03/28/06
- MR-117 dated 03/28/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 04/12/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 03/28/06
- Flahive, Ogden & Latson: Letter dated 04/03/06 from S. Rhett Robinson
- Sadi/Pain Management Center: Pain Management Follow-Up Visit dated 03/27/06 from Michelle Hall, P.A.C.
- Flahive, Ogden & Latson: Letter dated 03/20/06 from Patricia Blackshear
- Sadi/Pain Management Center: Pain Management Consultation dated 03/20/06 from Michelle Hall, P.A.C.
- Sadi/Pain Management Center: Pain Management Procedure Note dated 03/20/06 from Michael Kruczek, M.D.
- San Antonio Diagnostic Imaging, Inc.: Post CT lumbar myelogram with reconstructions dated 03/20/06, post CT lumbar myelogram dated 03/20/06, MRI lumbar spine dated 03/10/04
- Dillon, Nannette: Report dated 02/07/06
- Manning, Alpha: Report dated 01/31/06
- Sedgwick CMS: Letters dated 01/31/06, 01/20/06, 06/16/05, 02/07/05

- South Texas Spinal Clinic: Followup Office Visit notes dated 01/19/06, 10/27/05, 07/06/05, 04/11/05, 01/14/05, 07/21/04 from M. David Dennis, M.D.
- Morris H. Lampert: Progress Notes dated 01/05/06, 10/26/05, 07/19/05, 05/24/05, 03/01/05, 01/14/05, 12/09/04, 10/07/04, 09/07/04, 08/06/04, 06/25/04, 05/27/04, 04/13/04, 02/24/04
- Monte Bobele, PhD: Clinical Interview dated 07/26/05
- William W. Robbins, D.O.: Office Procedure/Operative Report dated 03/16/05
- Jerjis Denno, M.D.: Operative Procedure dated 03/01/05
- William W. Robbins, D.O.: Post Spinal Cord Stimulator Trial Results dated 01/29/05
- William W. Robbins, D.O.: Procedure Report dated 01/25/05
- Methodist Specialty/Transplant: Lumbosacral spine AP and lateral dated 01/25/05
- John Obermiller, M.D.: Report dated 01/13/05
- Therapy Consultants: Functional Capacity Evaluation dated 01/07/05
- William W. Robbins, D.O.: Pain Management Consultation dated 12/17/04
- William W. Robbins, D.O.: Pain Management Consultation for Spinal Cord Stimulation Trial dated 10/07/04
- Morris H. Lampert, M.D.: Letter dated 09/07/04
- David M. Hirsch, D.O.: Electrodiagnostic Study dated 07/02/04
- David M. Hirsch, D.O.: Pain Management note dated 02/04/04 from Sharon Hatch, P.A.-C
- David M. Hirsch, D.O.: Pain Management note dated 01/09/04
- Neuromuscular Institute of Texas: Office notes dated 07/28/03, 07/14/03, 06/25/03 from Brad Burdin, D.C.
- Neuromuscular Institute of Texas: Psychosocial Evaluation dated 02/05/03 from Lin Sutton, Ph.D

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 April 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi _____