

MCMC

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

Date:	05/30/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1214-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for individual psychotherapy once a week for four weeks.

DECISION: **Upheld**

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 05/30/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Four psychotherapy sessions are not medically necessary.

CLINICAL HISTORY:

The injured individual is a thirty-nine year-old woman who sustained a work-related injury on _____. She stated that she injured her wrists performing repetitive motion that involved lifting crates and scooping food as a cafeteria worker. She was diagnosed with carpal tunnel syndrome on the left wrist. The injured individual stated she was treated with injections and physical therapy. She was evaluated for surgery but declined. The injured individual was pronounced at maximum medical improvement by Dr. Doyle on 12/19/2000 and was given a 3% whole person impairment rating. She had a Report of Medical Evaluation (RME) on 05/30/2001 and was described as having diagnoses of DeQuervain's tenosynovitis and left carpal tunnel syndrome.

In a behavioral health interview on 11/29/2004 the injured individual reported that she experiences pain in her hand which she rated at a level of "5-6/10". She rated her depression at "2/10", poor concentration as "2/10" and irritability as "3/10". She was administered both the Beck Depression Inventory and the Beck Anxiety Inventory and scored in the mild range of symptoms on both. She was given a diagnosis of pain disorder associated with both psychological factors and a general medical condition. It is stated in the report that the work accident has produced "an acute disruption in mood and functioning". A brief course of individual psychotherapy was recommended.

The injured individual received a Functional Capacity Exam (FCE) on 03/03/2005 and met the Physical Demand Level (PDL) for light duty. She stated that she returned to light duty in 2005.

The injured individual had another behavioral health interview on 03/13/2006. She rated the pain in her left hand at a level of "4-5/10". She takes over the counter medication for pain. The injured individual is reported to have endorsed symptoms of depression. These symptoms included depressed mood, loss of interest in her usual activities, insomnia psychomotor retardation and loss of energy. She rated her irritability as "2/10", her frustration as "3/10", nervousness of "3/10" and depression "3/10". The injured individual was also anxious in the clinical interview. She was given a diagnosis of pain disorder associated with both psychological factors and a general medical condition, chronic. She was given a GAF of 67 (mild symptoms). Four psychotherapy sessions were 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 sustained a work-related injury to her wrists on _____. She was diagnosed with left carpal tunnel syndrome and DeQuervain's tenosynovitis. She was treated with physical therapy and injections. She underwent a behavioral health interview on 03/13/2006. She rated her pain as "4-5/10", her irritability as "2/10", her frustration as "3/10", nervousness of "3/10" and depression level of "3/10". The injured individual was diagnosed with a pain disorder associated with both psychological factors and a general medical condition. She was given a GAF of 67 (mild symptoms).

Overall, the injured individual does not appear to be a candidate for psychotherapy. She rates her current depression at a relatively low level ("3/10") and also rates her anxiety at a level of "3/10". She was given a GAF of 67, which is equivalent to mild symptoms. Four psychotherapy sessions are not medically necessary as the injured individual has evidence of only mild psychological symptoms. According to Lambert (2004) psychological intervention is only necessary when there is evidence of a significant psychological disturbance. Since this injured individual only has mild psychiatric symptoms as shown by her GAF of 67, four psychotherapy sessions are not medically necessary.

RECORDS REVIEWED:

Notification of IRO Assignment dated 05/03/06

MR-117 dated 05/03/06

MR-100 dated 12/06/01

DWC: Letter dated 03/07/01 addressed to "Injured Employee"

DWC-60

DWC-62: Explanation of Benefits for services incurred 06/07/01, 05/03/01, 04/03/01

DWC-69: Reports of Medical Evaluation dated 05/30/01, 03/20/01, 01/03/01

DWC-73: Work Status Reports with return to work dates of 05/30/01, 04/03/01, 02/23/01, 02/21/01, 02/07/01

Alternate DWC-62: Explanation of Benefits for services incurred 02/08/01, 02/05/01

U.S. Postal Service Delivery Confirmation Receipts dated 05/15/06, 04/05/06

MCMC: IRO Medical Dispute Resolution Prospective dated 05/15/06

MCMC: IRO Acknowledgment and Invoice Notification Letter dated 05/03/06

Texas Health: Requester's Position Regarding Pre-authorization dated 04/21/06 from Phil Bohard, MS, CRC, LPC

UniMed Direct LLC: Adverse Determination letters dated 04/04/06, 03/27/06

Texas Health: Reconsideration Request for Behavioral Health Treatment dated 03/28/06 from Claudia Ramirez, MA, LPC

Carf: Reconsideration Behavioral Health Individual Therapy Reauthorization Request dated 03/28/06

Carf: Behavioral Health Individual Therapy Preauthorization Request dated 03/22/06

Carf: Behavioral Medicine Re-Evaluation dated 03/13/06 from Claudia Ramirez, MA, LPC

Tri-City Chiropractic & Rehabilitation: Handwritten therapy notes dated 03/09/06, 07/20/06

Texas Health: Referral form dated 03/03/06

Medical Review Institute of America: Retrospective Review Information Request dated 12/16/05 from TeraLe Durrant

Green Diagnostic: Progress Report dated 03/14/05

McConnell Orthopedic Clinic: Office notes dated 03/08/05, 02/21/05 from John McConnell, M.D.

Green Diagnostic: GDI Function Testing reports dated 03/03/05, 07/22/04 - 09/09/04, 07/22/04

Carf: Letter dated 01/14/05 from Scott Woodard, Executive Director

Carf: Initial Behavioral Medicine Consultation dated 11/29/04 from Tracey Duran, MS, LPC

David A. Kureger & Associates: Letter dated 10/27/04

Tri-City Chiro & Rehab Inc: Daily Notes Reports dated 07/20/04 from 04/11/06 from Anthony Esquibel, D.C.

Texas Workers' Compensation Commission: Administrative Hearing notification dated 07/25/02 from Chief Clerk of Proceedings

Harris & Harris: Medical Dispute Resolution/14 Day Letter dated 12/20/01

Royal & Sunalliance: Letter dated 12/20/01 from Troy Arrington, Sr. Claims Representative

OxyMed: Letter dated 11/28/01 from Keith Payne, Collection's Department

Kellie J. Timberlake-Lancaster, D.C.: Letter dated 06/14/01

RMA: Required Medical Examination dated 05/30/01 from Mark Parker, M.D.

Texas Injury Center: Office visit note dated 05/16/01 from Paul Eggert, D.C.

Health Insurance Claim Forms dated 05/03/01, 04/12/01

Explanation of Review dated 04/14/01
Explanation of Benefits dated 04/19/01
Audit of Medical Charges dated 04/09/01
Memo dated 04/05/01 from Sally Stephens
OxyMed, Inc: Medical Necessity, PGS Training & Fitting dated 04/03/01
Texas Injury Center: Prescription dated 04/02/01
Forte: Notice of Utilization Review Findings dated 03/27/01
Tiffany Hatfield, D.C.: Report dated 03/20/01
Confidential Case History (handwritten) dated 03/20/01
Texas Injury Center: Designated Doctor Summary/Progress Note dated 03/13/01 from Paul Eggert, D.C. with attached letter
Handwritten therapy notes dated 03/07/01, 03/08/01, 03/12/01, 03/13/01, 03/14/01
OxyMed: Communication Record dated 02/14/01 to 02/26/01
St. Mark's School of Texas: Letter dated 02/08/01 from Patricia Boyd, Assistant to the Director of Finance and Administration
Employee's Notice of Injury or Occupational Disease and Claim for Compensation dated 12/18/00
Employee's Request to Change Treating Doctor dated 01/23/00
Doctor's office notes dated 02/25/99 to 12/19/00 from doctor initials of "MVD"
RehabMed: Letter dated 11/10/98 from Radie Perry, M.D.
Initial Medical Report-Workers' Compensation Insurance dated 10/23/98
Michael V. Doyle, M.D.: Letter dated 11/05/98
Employer's First Report of Injury or Illness dated 10/09/98
Undated articles on Table 19 and Table 20
Tri-City Chiropractic and Rehabilitation: Undated Workers' Compensation Patient Information sheet (handwritten)
Medconfirm Inc: Referral form (handwritten – date not visible, year 2004)

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

30th day of MAY 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi