

# MCMC

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

|                              |                      |
|------------------------------|----------------------|
| <b>Date:</b>                 | <b>06/01/2006</b>    |
| <b>Injured Employee:</b>     |                      |
| <b>Address:</b>              |                      |
|                              |                      |
| <b>MDR #:</b>                | <b>M2-06-1247-01</b> |
| <b>DWC #:</b>                |                      |
| <b>MCMC Certification #:</b> | <b>IRO 5294</b>      |

### REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization request for individual psychotherapy for six sessions (90806).

### DECISION: **Reversed**

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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 06/01/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The request for individual psychotherapy for six sessions (90806) is medically necessary.

### CLINICAL HISTORY:

The injured individual is a forty-nine year-old man who sustained a work-related injury on \_\_\_\_\_. He was working on an oil rig at the time of the injury. He was injured when he and slipped and fell. He injured his lower back, right leg, and right shoulder. He completed six and a half weeks of physical therapy following the injury. The injured individual complained of depression, weight gain, irritability and impatience since the injury. He reported taking Hydrocodone 7.5 mg as needed and Dauproprin 800 mg as needed. He rated his pain at a level of "7/10".

The injured individual was seen for a psychological evaluation on 02/06/2006. It was reported that he shows signs of "PTSD through injury/helplessness, avoidance of activity, place, interest, sleep, irritability and concentration. " He stated he felt suicidal when he runs out of money and

has to go to a pawn shop. He denied any plan or intent. He was administered both the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI). He score on the BDI indicated severe depression and his score on the BAI indicated severe anxiety. He was diagnosed with chronic pain disorder both psychological features and general medical condition. Six psychotherapy sessions were requested to treat the injured individual's depression and to try and reduce psychological barriers that may interfere with his ability to benefit from medical treatment for his pain.

**REFERENCE:**

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 sustained a work-related injury to his lower back, right leg and right shoulder on\_\_\_\_\_. He has been treated with physical therapy and medications. He has had signs of post traumatic stress disorder (PTSD) and has symptoms of severe depression and anxiety. The injured individual's depression and anxiety are associated with difficulties coping with his pain. Six psychotherapy sessions are medically necessary to treat the injured individual's depression and anxiety, and to assist him in coping more effectively with his chronic pain, which resulted from a work injury. Psychotherapy is medically necessary, as Nielson and Weir (2001) have demonstrated that psychological intervention can be helpful in assisting individuals in coping more effectively with their pain.

**RECORDS REVIEWED:**

- Notification of IRO Assignment dated 05/02/06
- MR-117 dated 05/02/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 05/16/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 05/02/06
- Advantage: Letter dated 05/16/06 from Nick Kempisty, Chief Compliance Officer
- Flahive, Ogden & Latson: Letter dated 05/09/06 from Ronald Johnson
- Flahive, Ogden & Latson: Letter dated 04/28/06 from Patricia Blackshear
- Cambridge: Letters dated 03/07/06, 02/17/06 from Beverly Davis, R.N., Stacy Davis, URA
- Cambridge: Review Determination dated 03/07/06 from Barbara Fletcher, PhD
- Stacy Davis: Memos dated 02/28/06, 02/14/06
- Advantage: Reports dated 02/27/06, 02/09/06 from Vicki Johns, LPC
- Cambridge: Review Determination dated 02/17/06 from Corey Fox, PhD
- Advantage: Fax Cover Sheet dated 02/13/06

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**

**1<sup>st</sup> day of JUNE 2006.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** Beth Cucchi