

MCMC

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

Date:	07/26/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1574-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for six sessions of psychotherapy.

DECISION: **Reversed**

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 07/26/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Six psychotherapy sessions are medically necessary.

CLINICAL HISTORY:

The injured individual is a thirty-nine year-old man who sustained a work-related injury on _____. He was injured when he fell while carrying some heavy batteries. He felt pain in his back and had difficulty getting up. He was diagnosed with a central herniated nucleus pulposus at L5-S1. He was treated with chiropractic therapy, steroid injections, facet blocks, psychotherapy, and pain medications. He attended 16-18 psychotherapy sessions, which ended in October of 2005. He also attended seven psychotherapy sessions with Cynthia Llanes, M.Ed. In a letter dated 02/28/2006, Ms. Llanes noted that three of the sessions worked on depression, pain, and anger management, and four sessions worked on family and relationship issues. These were EAP sessions.

The injured individual was seen for medical management by Robin Beaty, PA-C on 01/25/2006. The injured individual was noted to be diagnosed with chronic low back pain and facet syndrome. He had severe muscle spasms and was referred to physical therapy. On 02/14/2006 James Koch, PA-C saw the injured individual and noted that he had low back pain with a poor functional status. On 02/15/2006, James Koch, PA-C completed a checklist regarding his concerns for the injured individual. Checked were agitation, anxiety, significant mental stress, sleep disturbance, pain complaints, treatment planning, and vocational evaluation.

The injured individual had a psychological diagnostic screening with Gabriel Villanueva, M.S., L.P.C. on 02/16/2006. The injured individual stated that he was taking morphine and hydrocodone for pain control. The injured individual reported that his medical problems were extremely severe and his disabilities were “very much permanent”. It was not clear if the injured individual was currently working. One sentence stated “reported working for Reliable Consultants for approximately the past two-three years”, but another sentence stated the injured individual “is currently not able to return to his job because of continued pain and physical limitations.”

Mr. Villanueva stated that a letter from the injured individual’s pain doctor, Dr. Malone, “indicated that the patient is exhibiting signs and symptoms of agitation, anxiety, significant mental stress, depression, and sleep disturbance.” Mr. Villanueva further wrote, “The patient is deemed to be exhibiting these signs and symptoms, albeit, within the mild to moderate range.” It should be noted that a previous review reported that the injured individual received a score of nine on the Beck Depression Inventory (BDI) which is within normal limits.

The injured individual was diagnosed with an adjustment disorder with mixed anxiety and depressed mood. A chronic pain management program was recommended, which the injured individual declined. Individual psychotherapy with an emphasis on pain management techniques was then recommended. The initial treatment plan listed vocational development, assessing medication issues and decreasing depression. A revised treatment plan was later submitted which listed goals as increasing the injured individual’s ability to manage, reduce pain level and explore vocational development. Other goals involved assessing medication reliance, decreasing of pain medication if deemed appropriate by physician, decrease depressive symptoms, and maintain Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) scores within normal limits.

The injured individual saw Dr. Malone on 06/08/2006. The injured individual rated his pain at a level of “6-9/10”. His functional status was determined to be “poor”. He was treated with MS-Contin 60mg every eight hours. Six sessions of psychotherapy were requested.

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:

This thirty-nine year-old injured individual sustained a work-related injury to his back on _____. He has been treated with psychotherapy, injections, facet blocks, pain medications and chiropractic therapy. He underwent a diagnostic screening with Mr. Villanueva, L,P,C, on 02/26/2006. He stated his medical problems were extremely severe and his disabilities were “very much permanent”. A letter from the injured individual’s pain doctor, Dr. Malone, was referred to. The letter, “indicated that the patient is exhibiting signs and symptoms of agitation, anxiety, significant mental stress, depression, and sleep disturbance.” Mr. Villanueva further wrote, “The patient is deemed to be exhibiting these signs and symptoms, albeit, within the mild moderate range.” It should be noted that a previous review reported that the injured individual received a score of nine on the Beck Depression Inventory, which is within normal limits.

A chronic pain management program was recommended which the injured individual declined. Individual psychotherapy with emphasis on pain management techniques was then recommended. The treatment plan listed vocational development, assessing medication issues and decreasing depression. A revised treatment plan was later submitted which listed increase the injured individual's ability to manage and reduce pain level, explore vocational development. Assess medication reliance, overall decrease of pain medication if deemed appropriate by physician, decrease depressive symptoms and maintain BDI and Beck Anxiety Inventory (BAI) within normal limits.

The injured individual saw Dr. Malone in 06/2006. He continued to complain of severe pain and poor functional status. The injured individual has previously received seven Employee Assistive Program (EAP) sessions to treat a diagnosis of explosive personality. The injured individual appears to have difficulty coping with his back pain. Six psychotherapy sessions to teach behavioral pain management techniques are reasonable as Nielson and Weir (2001) have demonstrated that learning behavioral pain management methods can help an individual cope more effectively with their pain. In addition, ACOEM Guidelines Chapter 6, page 116 states that it may be helpful to teach pain coping techniques to individuals with chronic pain.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 06/21/06
- MR-117 dated 06/21/06
- DWC-60
- DWC-69: Report of Medical Evaluation dated 07/07/04
- MCMC: IRO Medical Dispute Resolution Prospective dated 07/10/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/21/06
- Texas Mutual: Letter dated 07/07/06 regarding transmittal of checks and records for review
- Texas Mutual: Letter dated 07/07/06 from LaTreace Giles, Sr. Medical Dispute Analyst
- Mark T. Malone, M.D.: Progress Notes dated 06/08/06, 05/23/06, 02/14/06, 01/25/06
- Southwest Diagnostic Centers: MRI lumbar spine dated 05/26/06
- Nueva Vida Behavioral Health Associates: Letter dated 05/12/06 from Jerome Schmidt, PHD
- Telephone Message note to Dr. Schmidt dated 05/11/06
- Nueva Vida Behavioral Health Associates: Pre-Authorization Appeal Requests dated 05/05/06, 04/19/06
- Insurance Verification/Pre-Authorization Forms dated 05/05/06, 04/19/06
- Nueva Vida Behavioral Health Associates: Letter dated 05/01/06 from Andrea Zuflacht, M.S.
- Nueva Vida Behavioral Health Associates: Letter dated 04/24/06 from Grace Bryant, LPN
- Telephone Message notes for Dr. Babock dated 04/24/06 and one undated
- Deer Oaks: Letter dated 02/28/06 from Cynthia Llanes, M.Ed.
- Gabriel Villanueva, M.S.: Initial Diagnostic Screening dated 02/16/06
- Patient Pain Drawing dated 02/16/06
- Mental Health Evaluation/Treatment Request dated 02/15/06
- Mark T. Malone, M.D.: Chart Note dated 02/14/06

- Handwritten note dated 02/14/06 from Debra Cole, LPC
- Physical Medicine & Rehabilitation Associates: Impairment Rating dated 07/07/04 from Albert Molnar, M.D.
- Mark A. Flood, D.O.: Letter dated 03/31/04

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

26th day of July 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi