PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:	___
IRO CASE NUMBER:	M2-06-1717-01
NAME OF REQUESTOR:	San Antonio Spine & Rehab
NAME OF PROVIDER:	Jason Eaves, D.C.
REVIEWED BY:	Board Certified in Psychiatry Board Certified in Neurology in Psychiatry Board Certified in Pain Medicine
IRO CERTIFICATION NO:	IRO 5288
DATE OF REPORT:	08/17/06

Dear San Antonio Spine & Rehab:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is Board Certified in the area of Psychiatry, Neurology in Psychiatry, and Pain Medicine and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there are no known

conflicts of interest that exist between him the provider, 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 before referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

Evaluations with Urfan A. Dar, M.D. dated 08/05/05, 08/26/05, 09/16/05, 09/30/05, 10/13/05, 10/27/05, and 12/15/05
An evaluation with Stephen Earle, M.D. dated 03/21/06
A DWC-73 form from Dr. Earle dated 03/21/06
An evaluation with Adrian R. Rodriguez, M.S.W., L.M.S.W. dated 03/31/06
Preauthorization requests from Jason Eaves, D.C. dated 04/25/06 and 05/18/06
A letter of denial from Ira Taylor, L.P.N., C.H.N at Concentra dated 04/28/06
A letter of reconsideration from Dr. Eaves dated 05/16/06
A letter of partial approval from Michelle Summerville at Concentra dated 05/25/06
A letter of Medical Dispute Resolution (MDR) from Dr. Eaves dated 06/26/06

Clinical History Summarized:

On 08/05/05, Dr. Dar recommended Vopac, Tramadol, and lumbar facet and epidural steroid injections (ESIs). Dr. Dar performed ESIs on 08/26/05, 09/16/05, and 09/30/05. On 10/13/05, Dr. Dar performed knee injections and recommended home physical therapy. On 10/27/05, Dr. Dar recommended an orthopedic evaluation and possible Synvisc injections. On 12/05/05, Dr. Dar noted surgery of the knees was pending. On 03/21/06, Dr. Earle felt the claimant was not a surgical candidate for the lumbar spine. On 03/31/06, Mr. Rodriguez recommended 12 sessions of individual psychotherapy. Ms. Taylor wrote a letter of denial for the individual psychotherapy on 04/28/06. Ms. Summerville wrote a letter of approval for six individual therapy sessions on 05/25/06. On 06/26/06, Dr. Eaves recommended an MDR for the individual psychotherapy.

Disputed Services:

Twelve sessions of individual psychotherapy

Decision:

I disagree with the requestor. The 12 sessions of individual psychotherapy would be neither reasonable nor necessary.

Rationale/Basis for Decision:

The patient has primary complaints of low back pain. Evidenced based guidelines do not support unimodal psychotherapy for pain complaints. The adjustment reaction with purported depression and anxiety can be treated concurrent with employment. Employment is not occurring. There is no specific treatment plan to address this issue in individual therapy. Also, there is no specific treatment plan, mental status examination, and goals for the individual psychotherapy. Medical necessity for individual psychotherapy in this context cannot be established.

References:

American College of Occupational and Environmental Guidelines (ACOEM) chapter 6, page 107, reads: "The immediate focus should be on functional improvement rather than on abolishing pain. Physicians should be aware that while complete cessation of pain may not be a realistic goal for some patients, self-care, functional restoration, and successful reintegration into the workforce can be attainable goals even though the complete elimination of pain may not be possible." There are many dimensions to pain. A major dimension of chronic pain complaints is fear avoidance as a result of a fear of reinjury. Pain related to fear avoidance models typically describe these chronic pain patients as perpetuating disability, and ACOEM chapter 6, page 113 reads "Exposing patients to activities they fear as a way to reduce their pain-related fear can be a powerful intervention for chronic pain. A decline in pain related fear may reduce pain vigilance, resulting in a decline in reported pain intensity." The proposed individual psychotherapy would not provide in vivo exposure to feared activities that purportedly generate pain. A recent randomized clinical trial to support a combination of psychotherapy and physical therapy for low back pain. A trial of an activating intervention for chronic back pain in primary care and physical therapy settings. Michael Von Korffa, Benjamin H.K. Baldersona, Kathleen Saunders, Diana L. Migliorettia, Elizabeth H.B. Lina, Stephen Berry, James E. Moore and Judith A. Turner. Pain. 2005 Feb; 113(3): 323-30; however, this was in a cohort of motivated group health patients. For the patient's with disability status, the treatment was not helpful. Furthermore, ACOEM chapter 6 page106 states, "Evidence that factors other than the nature of the injury are primary determinants of disability clearly suggests that treating pain, even acute pain, should emphasize functional restoration rather than relief of pain because the latter may reinforce psychological, environmental, and psychosocial factors that predispose progression to

chronic pain states." In reasonable medical probability, the requested services in this context would lead to such reinforcement and are therefore contraindicated.

Differential treatment planning is at the heart of the assessment process and provides the rationale for the diagnostic effort. The proliferation of medication and treatment approaches and psychotherapeutic modalities has spawned a growing literature on the assessment of various characteristics and dimensions that are thought to be essential to the understanding of and rational treatment planning for the various disorders. Often, there is a close relationship between Axis I diagnosis and medication treatment targets (e.g., major depression). The relationship between diagnosis and psychotherapy is likewise closely related with certain Axis I disorders such as anxiety and depression. However, there are many non-diagnostic patient issues that affect the psychotherapeutic selection and process. Literature supports that there are six major patient variables that are central to treatment planning: functional impairment, subjective distress, social support, problem complexity and chronicity, personality reactivity and coping styles, and treatment setting, specific goals and milestones need to be addressed. The submitted goals are nonspecific. The American Psychiatric Publishing Textbook of Clinical Psychiatry, 4th Edition Robert E. Hales, M.D., M.B.A. & Stuart C. Yudofsky, M.D.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the claimant via facsimile or U.S. Postal Service this day of 08/17/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel