

September 18, 2006

GLORIA  
TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_  
EMPLOYEE: \_\_\_  
POLICY: M2-06-1924-01  
CLIENT TRACKING NUMBER: M2-06-1924-01/5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider 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 before referral to the IRO.

**Records Received:**

Records Received from the State:

- Notification of IRO Assignment, 8/30/06 - 2 pages
- Medical Dispute Resolution Request/Response, 8/30/06 - 2 pages
- Table of Disputed Services, undated - 1 page

- Non-Authorization Recommendation, 7/19/06 – 3 pages
- Reconsideration Decision, 8/8/06 – 2 pages

Records Received from the Respondent:

- Summary of Carrier's Position, 8/25/06 – 2 pages
- Letter to MRIOA, 9/6/06 – 2 pages
- Texas Workers' Compensation Work Status Report, 3/13/06–7/13/06 – 5 pages
- Insurance Verification, 2/19/06 – 4 pages
- Chart Notes, 2/19/06 – 2 pages
- Chest X-Ray, 2/19/06 – 2 pages
- Emergency Physician Record, 2/19/06 – 3 pages
- MRI, 2/19/06 – 8 pages
- Abdominal X-Rays, 2/19/06–5/2/06 – 4 pages
- Chest X-Ray, 2/20/06 – 1 page
- Demographics, 2/19/06 – 1 page
- Medical Necessity for Translation Services, 3/13/06–8/9/06 – 13 pages
- Office Notes, 3/13/06–7/3/06 – 19 pages
- FCE, 3/15/06–7/19/06 – 23 pages
- SOAP Notes, 3/16/06–8/18/06 – 80 pages
- Shoulder MRI, 3/21/06 – 1 page
- Letter of Medical Necessity, 4/6/06 – 2 pages
- Invoice, 4/6/06 – 1 page
- Letter to Tarrant Emergency Physicians, 5/10/06 – 1 page
- Individual Psychotherapy Note, 5/23/06–8/8/06 – 20 pages
- Initial Examination, 3/13/06 – 4 pages
- Massage Therapy Notes, 7/7/06–8/9/06 – 6 pages
- Treatment Summary, 8/10/06 – 2 pages

Records Received from the Requestor:

- Patient Profile, 1/1/06–12/31/06 – 1 page
- Preauthorization Request, 7/14/06 – 1 page
- Initial Behavioral Medicine Consult, 4/25/06 – 8 pages
- Abdominal X-Rays, 2/19/06–5/2/06 – 4 pages
- Treatment Summary, 7/12/06 – 2 pages
- Non-Authorization Recommendation, 7/14/06–8/8/06 – 7 pages
- Office Notes, 7/24/06–8/9/06 – 4 pages
- Reconsideration Request, 7/31/06 – 4 pages

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- Letter to MRIOA, 9/11/06 – 1 page

### **Summary of Treatment/Case History:**

This is a 32-year-old female patient who was robbed on \_\_\_ and shot in the flank at work. She was discharged a day later, as her work up was negative. She had not required surgery. The patient was seen a month later complaining of pain in the right rib area, numbness around the gunshot site, anxiety, depression, nightmares, panic attacks, and fear to return to work. The criminals had not been arrested. She had a functional capacity evaluation (FCE) that noted deficits in strength and endurance in the truncal regio\_\_\_ Her diagnoses soon expanded to include brachial plexus injury, chest wall wound, and abdominal wound. She was shot in the right flank only, per the hospital report, so most of these diagnoses are questioned. She was started on paxil and Valium in 3/06 which was ultimately changed to celexa with good control of her anxiety, panic attacks, and depression per multiple reports. She had electrical stimulation, chiropractic care, physical therapy (PT), and massage treatment. A right shoulder MRI showed tendinosis. She was then diagnosed with a chest wall hernia. She had psychological testing in 4/06, showing severe levels of both depression and anxiety (BDI and BDA both 35). She had a record review done by an independent medical examiner (IME) who disputed relatedness of her complaints of headache, right shoulder, abdomen, and left arm. She had 12 individual psychotherapy sessions beginning in 5/06 with little change in her complaints or testing levels. At the end of these sessions, they recommended more psychotherapy and PPA testing for possible biofeedback. She was cleared by the surgery clinic at the hospital she had been initially admitted to and was told by them to return to work without restrictions in 6/06, but her treating physician, Dr. Small, disputed that. At the same time, he states repeatedly that her anxiety, panic, and depression are very well controlled on celexa. However, on 7/24/06 after months of PT and psychotherapy, he notes her major problem is her emotional state (in direct opposition to prior comments) and he recommends paxil and extra PT. Her final psychological testing showed a BDI of 27 (it was 35) and BDA of 35 (it was 34). In 8/06, she notes audio and visual hallucinations and her medications are changed again.

### **Questions for Review:**

Items in dispute: Preauthorization request: Individual Psychotherapy 1 visit per week for 6 weeks (#90806), and Biofeedback PPA (EMG, PNG, TEMP, and GSR (#90901).

### **Explanation of Findings:**

Items in dispute: Preauthorization request: Individual Psychotherapy 1 visit per week for 6 weeks (#90806), and Biofeedback PPA (EMG, PNG, TEMP, and GSR (#90901).

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This is a female patient who was shot in the right flank during a robbery at work. She was kept overnight in the hospital, but never required surgery. She was told by her surgeon to return to work in 6/06 after her wound had healed. She was also treated by a chiropractor and Dr. Small, who gave her paxil, then celexa, then ultimately paxil and other drugs. He noted numerous times that the celexa had produced good control of her anxiety, stress, depression, etc. The patient also had months of PT and 12 individual psychotherapy sessions which did nothing to change her anxiety level and only slightly decreased her depression scores and pain scores. The patient was also on many more medications at the end of this treatment than at the beginning. The psychotherapist, after 12 sessions, asked for more and for biofeedback testing. The psychotherapy, thus far, had minimal impact on this patient. Her scores changed little to none; her medications increased. It is not reasonable to continue this line of treatment as the patient had 12 sessions with little improvement. The use of biofeedback is an unproven treatment with no proven research in its use in the treatment of posttraumatic stress disorder (PTSD), which is this patient's diagnosis.

**Conclusion/Decision to Not Certify:**

The request is not medically necessary.

**Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Common practice among pain and osteopathic physicians.

**References Used in Support of Decision:**

1. ACOEM guidelines copyright 2004.
2. Depress Anxiety 2005; 22(4): 177-89 Adler-Nevo G.
3. J Trauma Stress 2004 Apr; 17(2): 1143-7 Gordon JS.
4. J Clin Psychol 1997 Dec;53(8): 917-23 Watson CG.

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The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

**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.

Chief Clerk of Proceedings/  
Appeals Clerk  
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

In accordance with Division 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 18 day of Sep/2006.



Jamie Cook

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their

particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

1255368.1

Case Analyst: Jamie C ext 583

CC: Requestor and Respondent