

MCMC

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

Date:	07/13/2006
Injured Employee:	
Address:	
MDR #:	M2-06-1502-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review the item(s) in dispute: Pre-authorization denied for counseling/hypnotherapy for ten sessions at once a week.

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 07/13/2006, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Ten hypnotherapy/counseling sessions are not medically necessary.

CLINICAL HISTORY:

The injured individual is a forty-year-old woman who sustained a work-related injury on _____ . The injured individual worked as an EMT with the _____ .

The injured individual stated that several days before her injury she felt some shoulder pain and numbness when lifting a stretcher. On the day of the injury the injured individual was lifting a large patient on a stretcher when she felt a sudden and sharp increase in both pain and numbness. She was diagnosed with shoulder and cervical spine strain.

On 02/08/2005 the injured individual had an electromyogram (EMG) which was negative. She attended a work-conditioning program in 04/2005. She was also treated with trigger point injections, medications and chiropractic therapy.

Progress notes from Brad Burdin, D.C. were submitted from 01/03/2005 to 05/22/2006. The injured individual presented with complaints of pain in her left shoulder and occasional numbness into her fingers of her left hand. She rated her pain at a level of "4/10".

During her 05/27/2005 session with Dr. Burdin the injured individual complained of constant pain in her neck which she rated "3/10". She also complained of migraine headaches. She also frequently complained of limited range of motion.

Dr. Burdin referred the injured individual to SADI/Pain Management Center on 07/11/2005. The injured individual reported pain in her neck which she rated at "3/10". She also complained of decreased sensation in her fourth and fifth finger and frequent migraines headaches. She was treated with three cervical epidural injections. On 11/29/2005 the injured individual saw Michelle Hall, P.A.C. of the SADI/Pain Management Center. The injured individual rated her pain as "1/10". She reported a slight twinge in her neck. She was back at work and was functioning well in her activities of daily living.

On 11/16/2005 the injured individual told Dr. Burdin that the epidural steroid injections were helpful for a while but the pain came back. She reported that the pain interfered with her activities and she periodically missed work due to pain. On 01/13/2006 Dr. Burdin noted that the injured individual had been assigned a maximum medical improvement (MMI) with a 5% rating by Michael Snow. On 03/31/2006, the injured individual complained of muscle spasms.

The injured individual saw John Churchill, L.C.S.W on 04/04/2006 for psychological evaluation. The injured individual reported that she took Zomig for migraine headaches and an occasion Vicodin for pain. Mr. Churchill noted that the injured individual was "neither depressed nor anxious in her mood..." She complained of decreased sleep due to pain. She is continuing to work full-time for the . Mr. Churchill stated that the injured individual had "no diagnosis or condition on axis I, but she does have a pain disorder associated with a general medical condition". He gave her a GAF of 80 (no more than slight impairment in social or occupational functioning; It was recommended that the injured individual be treated with eight to ten hypnotherapy sessions to teach her self-hypnosis to manage her pain.

The injured individual saw Dr. Burdin on 05/17/2006. She was noted to have restricted motion and severe spasms in the cervical musculature. During the 05/22/2006, the injured individual rated her pain as "6/10", but was still working. She continued to have severe spasms. She also experienced some numbness in her upper left extremity. It should be noted that there was no documentation of any signs of depression or anxiety in Dr. Burdin's notes. Ten counseling/hypnotherapy sessions were requested in order to "learn self-hypnosis to lower her pain level".

REFERENCE:

Gatchel RJ and Turk DC. Psychological approaches to pain management: a practitioner's handbook. New York: Guilford Press, 1996.

RATIONALE:

The injured individual is a forty-year-old woman who injured her neck and left shoulder in while employed as an EMT. She is continuing to work in this position on a full-time basis. She had a psychological evaluation on 04/04/2006. She had no evidence of depression or anxiety and was not given a DSM-IV Axis I diagnosis. She was assigned a GAF of 80 (slight impairment in functioning). There is no evidence that the injured individual is manifesting any psychological symptoms that are exacerbating her pain or interfering with her ability to function in her usual activities. According to Gatchel and Turk (1996) psychological intervention is recommended in individuals with chronic pain who have evidence of psychological symptoms that are interfering with the ability to benefit from a rehabilitation program. Since, the injured individual is working full-time and has no evidence of psychological symptoms, ten hypnotherapy/counseling sessions are not medically necessary.

RECORDS REVIEWED:

- Notification of IRO Assignment dated 06/09/06
- MR-117 dated 06/09/06
- DWC-60
- MCMC: IRO Medical Dispute Resolution Prospective dated 06/26/06
- MCMC: IRO Acknowledgment and Invoice Notification Letter dated 06/09/06
- Harris & Harris: Letters dated 06/23/06, 06/15/06 from Robert Josey
- Harris & Harris: Memo dated 06/15/06
- Argus Services Corporation: DWC Pre-Authorization Reports and Notifications dated 04/28/06, 04/18/06
- Fax History Reports dated 04/21/06, 04/12/06
- Argus Services Corporation: Updated Clinical requests (handwritten) dated 04/21/06, 04/12/06
- New Patient Evaluation/Intake Note (handwritten) dated 04/04/06 from John Churchill, LCSW
- Sadi/Pain Management Center: Pain Management Follow-Up Visit notes dated 11/29/05, 11/07/05, 10/13/05 from Michele Hall, P.A.C.
- Sadi/Pain Management Center: Pain Management Procedure Note dated 11/22/05 from Berney Keszler, M.D.
- Sadi/Pain Management Center: Pain Management Procedure Note dated 10/26/05 from Michael Kruczek, M.D.
- Sadi/Pain Management Center: Pain Management Procedure Note dated 10/06/05 from Gregory Lilly, M.D.
- Sadi/Pain Management Center: Pain Management Consultation dated 07/11/05 from Michelle Hall, P.A.
- David M. Hirsch, D.O.: Chart notes dated 06/16/05, 05/23/05, 04/26/05
- Neuromuscular Institute of Texas: Electrodiagnostic Study dated 02/08/05 from David Hirsch, D.O.
- Neuromuscular Institute of Texas: Office notes from Brad Burdin, D.C. dated 01/17/05 through 05/22/06

- Sendero: MRI cervical spine dated 01/04/05
- Neuromuscular Institute of Texas: Report dated 01/03/05 from Conrad Kothmann, D.C.
- Undated Table of Records Sent

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

13th day of **July** 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Beth Cucchi