



Specialty Independent Review Organization, Inc.

August 23, 2006

\_\_\_\_\_  
DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1767-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Psychologist with a specialty in Psychology. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

A review of medical records indicates that Mr. \_\_\_\_ was injured on \_\_\_\_ while working for \_\_\_\_ . At that time, he was reportedly operating a forklift, which crashed into a pole, when he sustained his injury. He continued to work for approximately six months after his injury and has not returned to work since that time.

Mr. \_\_\_\_ has reportedly been treated with PT, epidural steroid injections, individual psychotherapy, four surgeries to his right shoulder, elbow, and wrist and a three-level cervical spine anterior discectomy and fusion in 2001. A lumbar laminectomy was performed in 2002. The claimant reports continued pain in the neck, lower back, head, mid back, right leg, and right arm. A dorsal column stimulator trial in 05/06 was found to "significantly" alleviate his pain.

Mr. \_\_\_ has had the following diagnostic studies done: an MRI of cervical spine, electrodiagnostic studies, CT scan of cervical spine, repeated MRIs of lumbar spine, MRI of right shoulder, and CT scan of lumbar spine.

With regard to his psychiatric care, Mr. \_\_\_ appears to have initially been referred to Dr. Gary Whiting on 08/27/02. An initial psychiatric evaluation was conducted, including the administration of the Minnesota Multiphasic Personality Inventory -2, Symptoms Checklist -90, Adult Neuropsychiatric Questionnaire, Pain Experience Scale, Battery for Health Improvement, Illness Behavior Questionnaire, Oswestry Activity Scale, as well as the clinical interview. At that time, the patient was diagnosed with a Mood Disorder due to medical conditions, Major Depression with significant anxiety features, as well as a diagnosis of Psychological Factors affecting general medical condition. His General Assessment of Functioning was rated at 40, indicating severe impairment.

There are no records of progress made in any sessions from the initial evaluation in 2002, to the current request for sessions in 2006. In a letter dated 5/26/06, Dr. Whiting reports that the claimant no longer meets criteria for a major depressive disorder; therefore, a request for sessions utilizing the health and behavior CPT codes was initiated. A request for 16 sessions of group therapy was denied because the reviewer needed a re-evaluation of current functioning of the claimant. Dr. Whiting initiated a request for 12 units of 96150 a health and behavior initial assessment code "so as to have new psychometric measures on this patient, formulate a comprehensive and exact treatment plan, and establish definable goals to measure progress." This request was denied as the reviewer suggested that "it would be more effective for Dr. Whiting to provide measurable improvements of the workers functioning as a result of the previous treatment and to come up with measurable goals for the future."

Again, no other formal psychiatric evaluations were conducted in the records since that time. There are no formal notes for the reported sessions of individual and group psychotherapy so it is unclear the progress the patient has made.

#### RECORDS REVIEWED

1. "Request for Independent Review" from Gary Whiting, PhD, no date provided.
2. "Letter" from Gary Whiting, PhD, dated 05/05/06.
3. "Appeal of Non-Authorization" from Gary Whiting, PhD, dated 05/26/06.
4. "IRO Decision Notification Letter" by MCMC Physician Advisor. dated 04/07/06.
5. "Independent Medical Evaluation" Dr. Robert Whitsell, dated 03/14/05.
6. "Psychological Evaluation" by Gary Whiting, PhD, dated 08/27/02.
7. "Notice of Reconsideration" by Dr. Barry Glassman, dated 11/17/05.
8. "Reexamination letter" by Dr. Robert Whitsell, dated 04/21/06."
9. "Follow up visit" by Dr. Michael Barker, dated 5/22/06.
10. "Follow up visit" by Dr. Michael Barker, dated 2/22/06.

## REQUESTED SERVICE

The requested service is for a health and behavioral evaluation (96150) times twelve units.

## DECISION

The reviewer disagrees with the previous adverse determination regarding three (3) units of CPT code 96150.

The reviewer agrees with the remainder of the previous adverse determination.

## BASIS FOR THE DECISION

Partial approval of the requested service is recommended. Given the patient's change in diagnosis and functioning, a re-evaluation of the patients current functioning is warranted; however, a formal list of tests to be administered and rationale for the tests requested are not provided and would be necessary to warrant approval of a total of 12 units of 96150. Therefore, the reviewer recommends approval of 3 units of 96150 given the information provided. Given that Dr. Whiting has been providing services to this patient for approximately 4 years, a full clinical interview is not necessary. Since there is no information regarding the types of tests, or rationale for the testing to be performed, approval for testing cannot be rendered at this time.

## REFERENCES

Medicare Guidelines

Occupational Medicine Practice Guidelines

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

## **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.**

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 23<sup>rd</sup> day of August 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:      Wendy Perelli**