

RYCO MedReview

DETERMINATION OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0251-01
NAME OF REQUESTOR: Texas Health
NAME OF PROVIDER: John Botefuhr, D.C.
REVIEWED BY: Licensed in the area of Chiropractics
IRO CERTIFICATION NO: IRO 5345
DATE OF REPORT: 11/28/06

Dear Texas Health:

RYCO MedReview has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5345). 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 RYCO MedReview 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 health care professional or physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of RYCO MedReview 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

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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:

Prescriptions from an unknown provider (the signature was illegible) dated 05/23/05 and 09/22/05

X-rays of the right forearm interpreted by Leonard Gross, M.D. dated 05/23/05

A TWCC-73 form from Charles Shang, M.D. dated 05/25/05

An evaluation with an unknown provider (no name or signature was available) dated 05/26/05

A physical therapy evaluation with Craig Tipping, P.T. dated 05/27/05

Physical therapy with Mr. Tipping dated 05/31/05

Evaluations with Robert L. Bedford, D.C. dated 06/02/05, 06/27/05, 07/05/05, and 07/11/05

Chiropractic therapy with Dr. Bedford and Dr. Botefuhr dated 06/03/05, 06/06/05, 06/07/05, 06/08/05, 06/09/05, 06/10/05, 06/14/05, 06/15/05, 06/16/05, 06/17/05, 06/21/05, 06/22/05, 06/24/05, 06/27/05, 06/28/06, 06/29/05, 07/05/05, 07/06/05, 07/07/05, 07/08/05, 07/11/05, 07/13/05, 07/14/05, 07/15/05, 07/18/05, 07/19/05, 07/21/05, 07/22/05, 07/23/05, 07/25/05, 07/26/05, 07/27/05, 07/29/05, 08/02/05, 08/04/05, 08/15/05, 08/17/05, 08/18/05, 08/22/05, 08/25/05, 08/26/05, 08/29/05, 08/31/05, 09/01/05, 09/07/05, 09/08/05, 09/13/05, 09/14/05, 09/16/05, 09/20/05, 09/21/05, 09/29/05, 10/03/05, 10/06/05, 10/11/05, 10/12/05, 10/13/05, 10/18/05, 10/20/05, 11/10/05, 11/11/05, and 11/15/05

Evaluations with Dr. Botefuhr dated 06/13/05, 07/20/05, 07/29/05, 08/02/05, 08/08/05, 08/22/05, 09/01/05, 09/07/05, 09/13/05, 09/22/05, 10/03/05, 10/13/05, 10/20/05, 11/09/05, 01/05/06, 01/13/06, 02/16/06, 02/28/06, 04/06/06, 05/08/06, 05/24/06, 07/06/06, 08/10/06, 08/25/06, 09/11/06, and 10/11/06

MRIs of the right elbow and right wrist interpreted by Joel H. Carp, M.D. dated 06/20/05

An EMG/NCV study interpreted by Jonathan E. Walker, M.D. dated 07/14/05

A behavioral medicine evaluation with Nicole Mangum, Ph.D. and Jeanne C. Selby, Ph.D. dated 08/03/05

A letter written by Marty N. Bennett, M.D. dated 09/30/05

An evaluation with Bradley J. Eames, D.O. dated 02/13/06

Evaluations with Scott N. Oishi, M.D. dated 04/25/06, 05/23/06, and 08/01/06

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An interdisciplinary program team conference with Dr. Eames, Dr. Mangum, Michelle Vuong, Ph.D. and Mark Dodson, P.T. dated 05/29/06

DWC-73 forms from Dr. Botefuhr dated 08/09/06 and 09/11/06

A psychological evaluation with Phil Bohart, M.S., L.P.C. dated 08/18/06

Letters of denial from HDi dated 08/23/06 and 08/31/06

A request from Dr. Botefuhr dated 10/11/06

Clinical History Summarized:

X-rays of the right forearm interpreted by Dr. Gross on 05/23/05 were unremarkable. On 05/26/05, the unknown provider recommended continued physical therapy and a TENS unit. Physical therapy was performed with Mr. Tipping on 05/31/05. Chiropractic therapy was performed with Dr. Bedford and Dr. Botefuhr from 06/03/05 through 11/15/05 for a total of 62 sessions. MRIs of the right elbow and wrist interpreted by Dr. Carp on 06/20/05 revealed an enlarged edematous appearance of the medial and ulnar nerves consistent with non-specific neuritis. An EMG/NCV study interpreted by Dr. Walker dated 07/14/05 revealed evidence of compressive demyelination process of the median nerve in the bilateral wrists and ulnar nerve at the right elbow. On 08/03/05, Dr. Mangum and Dr. Selby recommended individual psychotherapy. An unknown provider prescribed Celexa, Klonopin, and Trazodone on 09/22/05. On 09/30/05, Dr. Bennett stated he was treated the patient since December 2003 and that she had a relapse from her injury. On 10/03/05, 10/20/05, 11/09/05, and 01/05/06, Dr. Botefuhr continued to recommend an orthopedic evaluation. On 02/13/06, Dr. Eames recommended continued physical therapy and a Medrol Dosepak. On 04/25/06, Dr. Oishi recommended possible stellate ganglion blocks and possible carpal and cubital tunnel syndrome. On 05/23/06, Dr. Oishi continued to recommend stellate ganglion blocks and continued Elavil. On 05/29/06, an interdisciplinary program team conference with Dr. Eames, Dr. Mangum, Dr. Vuong, and Mr. Dodson indicated the patient had completed 25 out of 30 sessions of a pain management program. On 08/01/06, Dr. Oishi recommended carpal and cubital tunnel surgery. On 08/18/06, Mr. Bohart noted the patient completed 30 days of the pain program. HDi wrote letters of denial for individual psychotherapy on 08/23/06 and 08/31/06. On 10/11/06, Dr. Botefuhr recommended a second surgical opinion, chronic pain management, and individual counseling with biofeedback therapy.

Disputed Services:

Individual psychotherapy once a week for six weeks

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Decision:

I disagree with the requestor. The individual psychotherapy once a week for six weeks is not reasonable or necessary.

Rationale/Basis for Decision:

After reviewing the medical records provided, it was found the patient was injured on _____. The treatment in questions is psychotherapy once a week for six weeks. The records show the patient had an initial behavioral medicine consultation on 08/03/05. The results of the consultation revealed the patient had a Beck Depression Inventory-II (BDI-II) score of 23 (moderate depression) and a Beck Anxiety Inventory (BAI) of 17 (moderate anxiety). The patient completed a 30 day chronic pain program in May 2006. A reevaluation after the program performed on 08/18/06 revealed the patient's BDI-II score was 46 (severe depression) and a BAI score of 16 (moderate anxiety). According to these findings, even after the patient completed a chronic pain program, the depression level worsened and the anxiety level decreased by 1. According to the Official Disability Guidelines (ODG), 2006, treatment for the patient's injury is 16 visits over six to eight weeks. The ODG state that, "when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. If additional circumstances are present, documentation must support medical necessity". With the patient's depression level worsening after a chronic pain program and the anxiety level only decreasing minimally after the program, there is not enough evidence to show that additional psychotherapy will benefit this patient. Thus, the six psychotherapy sessions are not medically necessary to treat this patient.

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 RYCO MedReview 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.

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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 patient via facsimile or U.S. Postal Service this day of 11/28/06 from the office of RYCO MedReview.

Sincerely,

Laura White
Secretary/General Counsel