

MDR Tracking Number: M5-03-3158-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on August 4, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with § 133.308(r)(9), the Commission hereby Orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20-days to the date the Order was deemed received as outlined on page one of this Order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The psychological therapy sessions were found to be medically necessary. The respondent raised no other reasons for denying reimbursement of the psychological therapy sessions.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 8/7/02 through 8/14/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 8th day of October 2003.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division
MQO/mqo

October 2, 2003

Re: MDR #: M5-03-3158-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

The patient was injured on the job on ____. He noticed immediate back pain but continued to work throughout the day. The next morning he had difficulty getting out of bed and he reported having some bladder control problems. The patient went to the emergency room at the hospital at ____, for evaluation and x-rays, and was given a muscle relaxer.

Thereafter, the patient was seen by a chiropractor on 10/05/99. Follow-up medical report issued on 10/10/00 indicates the patient was originally seen for his work-related injury on 10/05/99 and was not seen again by the treating doctor until 10/02/00 with what was described and considered an exacerbation of his injury approximately one year earlier. A treatment program was begun. Additional diagnostic testing was performed.

A report from a second chiropractor dated 03/14/02 indicated continued low back pain at a level of 7, on a scale of 1 to 10. The patient was treated with the usual course of chiropractic care and passive therapy, and was recommended for a new MRI scan and epidural steroid injections. He also recommended psychological evaluation/treatment.

Mental health evaluation was performed on 04/02/02, with the following recommendations: (1) physical conditioning exercise aimed at increasing the general level of physical activity (flexibility and mobility), (2) support/educational groups focusing on developing coping skills to manage chronic pain and to improve adaptation (instructions should be instructional as to how to utilize cognitive/behavioral methods to reduce depression, frustration, and anxiety), (3) relaxation and biofeedback techniques to teach the patient to monitor his reaction to physical and emotional stress; the techniques would also help him learn to reduce the intensity of his chronic pain, (4) individual counseling such as to increase self-esteem, self-confidence, and to help the patient understand the association between psychological factors and physical functioning. Evaluating his severe depression should also be addressed during these sessions.

The patient was seen beginning 05/22/02 for six sessions of individual psychotherapy where it was noted that he made some progress toward reducing his depression. However, he was unable to establish contact with a physician to prescribe antidepressant medication. An extension for six additional sessions was requested in July 2002, and four sessions were granted and pre-authorized to be completed between 07/17/02 and 08/23/02.

Disputed Services:

Denial of psychological therapy sessions of 8/7/02 and 8/14/02.

Decision:

I disagree with the determination of the insurance carrier. The services in question were medically necessary in this case.

Rationale:

The denied psychological therapy sessions of 8/7/02 and 8/14/02 clearly fell within the pre-authorization guidelines. In addition, in my clinical judgment it was, in fact, reasonable, usual, customary and medically necessary for this patient to receive the denied services of psychological therapy sessions of 8/7/02 and 8/14/02.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,