

September 25, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0988.01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records 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. Your case was reviewed by a physician Board Certified in Psychiatry.

The physician reviewer **DISAGREES** with the determination of the insurance carrier. The reviewer is of the opinion that **PSYCHIATRIC TESTING, PSYCHOTHERAPY AND BIOFEEDBACK ARE MEDICALLY NECESSARY.**

I am the Secretary and General Counsel of ___ 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 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©). If disputing other prospective medical necessity (preauthorization) decisions a

request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

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 (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 September 25, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0988-01, in the area of Psychiatry. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of psychiatric testing, psychotherapy, and biofeedback.
2. Correspondence.
3. History and physical and office notes, 2002.
4. History and physical and office notes, 2001.
5. History and physical and office notes, 2000.
6. History and physical and office notes, 1999.
7. Functional capacity evaluation.
8. Operative report.
9. Radiology reports.

B. BRIEF CLINICAL HISTORY:

This file contains the history of a 36-year-old lady injured at work while employed at _____. She sustained injuries to her back which, according to the

file, included her upper back, lower back, shoulder, and, secondary to some radiculopathies, extension of symptomatology into her lower extremities.

She did, in fact, undergo surgery, from what I can tell, on two occasions in July of 2000 and in March of 2001, addressing back problems and shoulder problems, respectively.

Current concerns appear to be related to belief on the part of her treating psychologist, to whom she was referred by her treating orthopedist, that further studies might be needed in order to address possible treatment needs.

C. DISPUTED SERVICES:

The specific concerns regarding disputed services include a request by ___ that she receive psychological testing, biofeedback, and a psycho-physiological evaluation.

D. DECISION:

I DISAGREE ENTIRELY WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE, AND AGREE IN FULL WITH THE REQUESTS OF ___ IN HIS ASSESSMENT OF THIS PATIENT'S CURRENT NEEDS.

With respect to ___ request for psychological testing, after reviewing this entire record from the time of her injury to the request by ___, it appears entirely appropriate and within the boundaries of medical necessity to have this patient undergo a psycho-physiological evaluation to determine the appropriateness for biofeedback-assisted self-regulation training which would further the treatment she needs to address pain which is clearly related, by review of this record, to her original injury. Also, in order to assist her in coping appropriately with changes in her life which have occurred because of the injury, individual psychotherapy requested at once per week is also appropriate. Furthermore, biofeedback-assisted self-regulation training once per week, if indicated by the psycho-physiological evaluation requested by ___, would also be appropriate and within the boundaries of medical necessity given this history and my review of this record.

E. RATIONALE OR BASIS FOR DECISION:

After review of this record in its entirety, it appears quite clear that her ongoing problems with pain all along her back, including her shoulder and her lower extremities, and the depression described by ___ and associated

coping skill problems are related to the original injury she experienced in _____. With that in mind, she should be able to obtain the studies recommended by her treating clinicians to further the possibility that she can recover from this injury sustained while on the job.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 23 September 2002