

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-1482.M2**

November 14, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-02-1108-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD with a specialty and board certification in Family Practice. The \_\_\_ 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 \_\_\_ 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**

The medical records available for review show that \_\_\_ sustained a work injury on \_\_\_ at \_\_\_. For her injury she was seen by \_\_\_. Her injury occurred when she was in the supply room and she bumped into something, tripped and fell, and hit the back of her head. She sought medical attention and was diagnosed with a closed head injury with headaches. She was kept off work for one week and was prescribed Esgic-Plus. (An MRI scan of the cervical spine was done and was reported as normal.) She also began with complaints of pain to the left shoulder, associated with the numbness and neck pain. She had electrodiagnostic studies and an MRI scan of the brain done. The MRI scan of the brain showed findings that were not specific and could be seen in migraine or small micro infarcts. The report stated that the findings were not in the typical position for MS. The

electrodiagnostic studies of the upper extremities on 4/19/99 revealed left C6 radiculopathy. She was treated with a Medrol Dosepak and physical therapy. She underwent orthopedic evaluation for the complaints and finding to the left shoulder and she was diagnosed as impingement syndrome to the left shoulder. She was treated with a cortisone injection. She was able to return to restricted duties on 9/30/01.

\_\_\_ had a neurosurgical consultation by \_\_\_ and his opinion was that surgery was not reasonable or necessary. She was also seen for psychiatric evaluation by \_\_\_ on 2/20/01. His diagnoses were posttraumatic stress disorder and what appears to be major depression (although his report is handwritten and difficult to read).

\_\_\_ had an IME done by \_\_\_ on 5/27/99. She also had an IME done by \_\_\_ on 1/14/01. She also had a Peer Review by \_\_\_ on 9/6/01.

\_\_\_, her treating physician, has now requested a repeat interview with a psychiatrist. He recommends \_\_\_. \_\_\_ letter of 2/13/02 states that \_\_\_ is severely and chronically depressed and experiencing posttraumatic stress disorder and chronic neck and shoulder pain, all due to her workers' compensation injury of \_\_\_. He has recommended psychiatric evaluation as soon as possible. His letter of March 4, 2002 states that due to \_\_\_ deteriorating physical and mental condition, he has limited her traveling to no more than 20 miles. This is why he referred her to \_\_\_ instead of \_\_\_, who would be outside her 20-mile limit. His letter of August 1, 2002 states that she has been prescribed Zoloft and Trazodone for the posttraumatic stress disorder related to her chronic neck and shoulder injury. He states that a psychiatric evaluation has been requested to further evaluate her now chronic depression.

#### REQUESTED SERVICE

A repeat interview with a psychiatrist is requested for \_\_\_.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

\_\_\_ has reached Maximum Medical Improvement (MMI) status from her injury. The impairment report shows that she was given credit for posttraumatic stress disorder and major depression. Therefore, the posttraumatic stress disorder and major depression has been attributed to her work injury of \_\_\_. Review of the records show that she has had only one psychiatric evaluation by \_\_\_ on 2/21/01. Furthermore, \_\_\_ states in his letter of February 13, 2002 that she is chronically depressed, and in his letter of 3/4/02 he states that he has limited her travel to no more than 20 miles.

Taking the above information into consideration, and due to the fact that she has only had one psychiatric evaluation on 2/28/01, almost 21 months ago, it is reasonable and necessary that she be allowed a repeat interview with a psychiatrist.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

### **YOUR RIGHT TO REQUEST A HEARING**

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

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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 Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).