

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

SOAH DOCKET NO. 453-03-2032.M2

NOTICE OF INDEPENDENT REVIEW DECISION

December 30, 2002

RE: MDR Tracking #: M2-03-0039-01
IRO Certificate #: IRO 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced 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, 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 was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians 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 this case.

Clinical History

This 54 year old female sustained a work-related injury on ___ when she fell onto a concrete floor and injured her cervical and lumbar spine. An MRI of the lumbar spine dated 03/18/02 revealed moderate left L5 foraminal narrowing secondary to posteriolateral bulging disc degeneration and accompanying anterolisthesis of L5. It also revealed postsurgical changes at the L4-5 and L5-S1 levels and mild to moderate multi-level disc desiccation. The patient received chiropractic care in the form of physical therapy, hot packs, massage, and TENS. The patient was referred to a clinical psychologist for an evaluation and it is recommended that the patient undergo psychological testing.

Requested Service(s)

Individual psychological testing x 4 hours.

Decision

It is determined that the individual psychological testing x 4 hours is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient is under the care of a physician who is prescribing the anti-depressant Effexor, and a recent individual interview was performed by a clinical psychologist who recommended additional psychological testing. The clinical psychologist identified depressive and anxious tendencies that could be affecting the patient's physical status. There is no documentation to indicate what additional information would be gained that is not already known from the previous psychological testing performed to date outside of the administration of additional inventories and profiles that tend to be subjective in nature. The appropriate treatment plan can be formed with the clinical information that has already been obtained by recent assessments and or past response to similar care. Therefore, it is determined that the individual psychological testing x 4 hours is not medically necessary to treat this patient's condition.

This decision by the IRO is deemed to be a TWCC decision and order.

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.

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 **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

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 **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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 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 (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), 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 this 30 th day of December 2002.
