

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

January 28, 2003

Re: IRO Case # M2-03-0521

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Psychiatry. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 42-year-old male who sustained a back injury ___ and was diagnosed on 7/17/01 with an Adjustment Reaction and Chronic Pain Syndrome. Previous treatments involved multiple medical specialists, chiropractors, physical therapy, myofascial release, electrical stimulation, pain medications, Prozac, sleeping medications, anti inflammatory medications and anesthetic injections. An MRI of the lumbar spine was abnormal. He missed four weeks of work. He eventually had a neurosurgical evaluation and a trial of a spinal cord stimulator was recommended. A psychological evaluation to screen for possible psychological issues was performed as a routine pre-surgical protocol. The evaluation identified high levels of anxiety, depression, pain complaints and possibly unrealistic

expectations of relief through surgery. The patient's doctors requested an additional four psychological sessions to further evaluate and emotionally/cognitively prepare the patient for the procedure.

Requested Service

Four psychotherapy sessions

Decision

I disagree with the carrier's decision to deny the requested treatment to further evaluate and treat this patient's emotional condition.

Rationale

The record indicates that the patient has a refractory pain syndrome, depression, anxiety and emotional issues. His pain syndrome began with the ___ injury. The patient cannot proceed with his current treatment plan without the psychological sessions. The decision regarding surgery cannot be made without more extensive psychological evaluation and preparation. The success of the surgery depends on proper psychological assessment, education on psychological issues and coping skills.

This medical necessity decision by an Independent Review Organization 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 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** (ten) days of your receipt of this decision (28 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 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 (Commission Rule 133.308(t)(2)).

Sincerely,
