

NOTICE OF INDEPENDENT REVIEW DECISION

Date: September 17, 2003

RE: MDR Tracking # M2-03-1698-01
IRO Certificate # 5242

___ 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 Psychologist reviewer. The Psychologist reviewer 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

The claimant, a 48 year old female, was injured on ___ while working for ___. She was reportedly driving one of the buses when she was struck from behind. She was referred to ___ with complaints of problems in her neck, wrists, ankles and later in the low back and mid-back. She continued treating with ___ until she was referred to the ___ and was evaluated by ___ on 1/20/03. His opinion was that she was suffering from spasms in the cervical spine, thoracic spine, and lumbar spine which may be the result of disc bulges in the cervical spine, thoracic spine and lumbar spine with sprain. He also felt she had sprained both wrists and may have suffered mild sprains in her ankles that have resolved. He felt these findings were related to the bus accident. He referred her to ___ for manipulations, ___ for neurological evaluation, ___ for epidural steroid injections and the ___. He later referred her to ___ for an evaluation for suitability for biofeedback. ___, a clinical psychologist, performed an evaluation on 6/25/03 and diagnosed her with pain disorder associated with both psychological factors and work related injuries (307.89), and an adjustment disorder with depressed mood (309.0). He did not consider her a candidate for biofeedback because of limited motivation and energy levels due to depression. He recommended psychotherapy to reduce the depression and to increase her motivation for self help and self management. Additional documentation indicated that the claimant had told her adjuster that her counseling needs were of a personal nature and she was referred to and had been using the counseling services of the ___ employee assistance program.

Requested Service(s)

Individual counseling, 10-15 sessions for 45-60 minutes each once per week.

Decision

I agree with the insurance carrier that individual counseling sessions are not medically reasonable or necessary.

Rationale/Basis for Decision

The basis of the decision is the psychological evaluation indicated that the claimant was not motivated for biofeedback. It is unlikely that if she would be motivated for individual counseling if she was unmotivated for biofeedback. Both types of treatment involve significant patient engagement and self motivation for treatment, which ___ ___ notes that she does not have. It is likely, based on the information, that the claimant was undergoing individual counseling through her employee assistance program, that she is a private person who is not interested in sharing her personal information with the individuals treating her injury. Duplication of counseling services would not be medically reasonable or necessary.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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) calendar 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.