NOTICE OF INDEPENDENT REVIEW DECISION

Date: February 11, 2004

RE: MDR Tracking #: M2-04-0704-01
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 Psychiatric reviewer, who is board certified in Psychiatry, and has an ADL certification. The physician 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 reportedly was injured when a overhead door hit him on the side of the face. There was no loss of consciousness with this. Since that time he has reported persistent neck pain and headache, cognitive problems and depression. Work up of his condition which has included an MRI of the head and cervical spine, a head CT and EMG has not provided a specific source for his persistent complaints. He has been tried on a number of different antidepressant medications including Effexor, Elavil, Zoloft, Wellbutrin, Trazodone, Klonopin, Neurontin and Tegretol; however, continues to report problems with depression and cognitive difficulties. He has had extensive non-surgical treatment for his pain without improvement and currently appears to be taking significant amounts of narcotic medications and requiring frequent emergency room visits or visits to the primary treating physician for intramuscular narcotic injections. He has had 2 neuropsychological batteries accomplished, one on 7/17/02 and one on 9/27/02. The first was accomplished by ___, the second by ___. The findings on both these tests were not dissimilar in that there was over endorsement of symptoms, little objective evidence for severe or moderate traumatic brain injury and there appeared to be psychological factors that were the overriding component to the claimant's presentation.

Requested Service(s)

Review and address the medical necessity for a repeat psychological evaluation.

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

This decision is based on medical necessity. I have been asked to ignore issues of compensability. The request for a repeat psychological evaluation appears to be for ___. He has done a thorough evaluation of this claimant and a repeat evaluation would be redundant and offer little in the way of treatment for the claimant. This is not to say that he may not benefit from psychological treatment though the compensability of this appears to be at question. ___ should be able to formulate a treatment plan based on his prior evaluation and that treatment plan could be submitted for approval for further care from the workers' compensation insurance company.

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) 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.