

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. 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 this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 November 12, 2004.

Sincerely,

Secretary & General Counsel

REVIEWER'S REPORT M2-05-0424-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- MRI 03/07/01
- Evaluation 09/20/04
- ROM 10/08/04

Information provided by Respondent:

- Case reviews 06/09/03, 01/01/04, 11/15/04
- Correspondence – case summary 06/16/03

Information provided by Treating Doctor:

- Office notes 02/19/04 – 08/12/04

Information provided by Pain Management Specialist:

- Office notes 10/08/03 – 02/11/04

Clinical History:

Patient underwent physical medicine treatments and surgery after injuring herself at work on ___ when X-ray equipment fell on her head, neck and thoracic spine.

Disputed Services:

Four sessions of individual counseling and 4 sessions of biofeedback.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that four sessions each of individual counseling and biofeedback is medically necessary in this case.

Rationale:

After extensive failed treatments, the proposed services fulfill statutory requirements¹ for medical necessity since they offer the best opportunity for the patient to obtain pain relief and enhance the employee's ability to return to employment. Moreover, the medical necessity of the treatments is further supported since the osteopath (carrier reviewer) opined that no further pharmacological intervention was indicated.

¹ Texas Labor Code 408.021