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NOTICE OF INDEPENDENT REVIEW DECISION

Date: April 15, 2005

Requester/ Respondent Address: TWCC
Attention:
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

Fort Worth Healthcare Systems
Attn: Nick Kempisty
Fax: 214-943-9407
Phone: 214-943-9431

Hartford Underwriters Insurance
Attn: Barbara Sachse
Fax: 512-343-6836
Phone: 512-343-8310

RE: Injured Worker:
MDR Tracking #: M2-05-1081-01
IRO Certificate #: 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté 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) who 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.

Submitted by Requester:

- Note from Advantage Healthcare dated 10/27/04
- Physical performance evaluation dated 11/2/04

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- Letter from Dr. Morris dated 12/10/04
- Evaluation dated 10/26/04 from Fort Worth Healthcare Systems
- Appeal/Non-authorization of chronic pain management program dated 12/7/04
- Chronic pain management program schedule

Submitted by Respondent:

- Designated Doctor Exam by Dr. Nguyen dated 3/23/04
- Appeal for the chronic pain management program dated 12/7/04
- Letter from Dr. Morris dated 12/10/04
- Non-Authorization for chronic pain management program dated 11/15/04
- Evaluation dated 10/26/04 from Fort Worth Healthcare Systems
- Note from Advantage Healthcare Systems dated 10/27/04
- Physical performance evaluation dated 11/2/04
- Request for Reconsideration dated 1/11/05
- Medical Analysis dated 10/14/03
- Review of records by Dr. Strizak dated 10/13/03
- Another review of records by Dr. Shirzadi dated 7/7/03

Clinical History

The claimant reportedly injured her left hip, left knee and back when she fell off a chair on _____. She has had diagnostic testing, physical therapy, massage therapy, stretching, heat/ice therapy, injections and ultrasound. According to the psychological evaluation from the Fort Worth Healthcare Systems the claimant was having depression and anxiety symptoms and persistent pain complaints. They diagnosed her with an adjustment disorder, with mixed emotional features and initially requested a chronic pain management program. This was not authorized by the carrier. Subsequently they requested individual therapy and biofeedback sessions, which again was not authorized due to lack of modification of the goals set for the previously requested chronic pain management program, failure to address other major stressors in the claimant's life, and insufficient evidence for the efficacy of psychotherapy and/or biofeedback to support the request.

Requested Service(s)

Proposed four (4) sessions of individual counseling and eight (8) sessions of biofeedback therapy regarding the above mentioned worker.

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Decision

Please note that I have been instructed to make this decision purely based on medical necessity. The documentation provided suggests a pre-existing depressive disorder and non-injury related stressors that likely contribute to the clinical presentation.

That being said there are psychological symptoms to support the medical necessity of four (4) weekly sessions of individual counseling. There is not support for twice weekly biofeedback sessions.

Rationale/Basis for Decision

With respect to the persistent pain complaints, it appears that the treatment program felt that the claimant was at a tertiary level of care. Given this, it would not be expected that she would substantially benefit from the biofeedback sessions or therapy to address the pain complaints in the absence of a tertiary pain management program. The psychological evaluation does indicate significant degrees of depression and anxiety. It would be reasonable to try to treat these symptoms through individual therapy.

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

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

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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 15th day of April 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder