

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

May 23, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-1475-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 4.20.05.
- Faxed request for provider records made on 4.21.05.
- The case was assigned to a reviewer on 5.10.05.
- The reviewer rendered a determination on 5.19.05.
- The Notice of Determination was sent on 5.23.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the proposed approval for Individual psychotherapy x 8 and 8 sessions of biofeedback.

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **overturn the denial** for the proposed 8 sessions of Individual psychotherapy.

It is also determined to **uphold the denial** of the proposed 8 sessions of biofeedback.

Summary of Clinical History

The patient is a 36 year old female who sustained an on the job injury ____.

Clinical Rationale

The proposed individual psychotherapy appears reasonable and necessary to address the claimant's cognitive distortions of her injury/disability and strengthen her coping skills as they relate to pain

management. The claimant is suffering from significant sleep dysfunction and consequential sleep deprivation. The etiology of her sleep disorder was not established in her psychological evaluation. The current pharmacologic treatment for her sleep disorder is either nonexistent or grossly inadequate. Clearly, all the claimant's pain and emotional symptoms are amplified and distorted by her sleep deprivation. Pharmacological and psychotherapeutic interventions could best address her sleep disorder.

The recent American Psychiatric Association "Practice Guideline for the Treatment of Psychiatric Disorders" does not support the use of biofeedback for adjustment issues or sleep disorders.

Clinical Criteria, Utilization Guidelines or other material referenced

- American Psychiatric Association "Practice Guideline for the Treatment of Psychiatric Disorders"

This conclusion is supported by the reviewers' clinical experience as a Psychiatrist with over 10 years of experience.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Psychiatry, and is engaged in the full time practice of psychiatric medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 23 day of May ,2005.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Advantage Healthcare Systems
Attn: Nick Kemplsty
Fax: 214.943.9407

Hartford Underwriters Insurance
Attn: Barbara Sachse
Fax: 512.343.6836

[Claimant]