

MEDICAL REVIEW OF TEXAS

[IRO #5259]

3402 Vanshire Drive

Austin, Texas 78738

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:	
MDR Tracking Number:	M2-05-1602-01
Name of Patient:	
Name of URA/Payer:	Amerisure Mutual Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	Active Behavioral Health
Name of Physician: (Treating or Requesting)	Marivel Subia, DC

May 20, 2005

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Active Behavior Health
Marivel Subia, DC
Texas Workers Compensation Commission

CLINICAL HISTORY

Documents Reviewed Included the Following:

1. Designated Doctor examinations and reports
2. Medical records and correspondence from the treating doctor
3. Carrier reviews
4. Diagnostic Imaging Reports
5. EMG/NCV Reports
6. Psychological evaluations and reports
7. Reports of Andrew Small, M.D.
8. Report of Steven W. Eaton, M.D.
9. Report of Walter Loyola, M.D.
10. Report of Robert J. Henderson, M.D.
11. RME Examination by Bernie L. McCaskill, M.D.
12. Examination by Robert Petersen, D.C.
13. Examination by James Orr, D.C.
14. Report of Bennie Scott, M.D.
15. Report of Michael Taba, M.D.
16. Concentra treatment records

The claimant underwent extensive diagnostic testing and physical medicine treatments - including work hardening - after injuring his low back while lifting an object at work on ____.

REQUESTED SERVICE(S)

Prospective medical necessity of the proposed individual psychotherapy sessions 1 X week for 6 weeks and biofeedback 1X week for 6 weeks.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

After reviewing the voluminous medical records, this reviewer completely concurs with the designated doctor who personally examined the claimant and who carries presumptive weight. After a second thorough examination, the designated doctor stated, "In light of this examinee's persistent radicular complaints along with (h)is positive EMG, it is very likely that he may end up having surgery if the decompression therapy is not successful."

The key factor is that the designated doctor, after giving work hardening the opportunity to be of benefit, felt "very likely" that this was a surgical case. His reasoned opinion was fully supported by the 9/25/04 MRI that showed a "large central disc protrusion/herniation at L5-S1 measures as great as 5 MM..."

Based on this claimant's documented lesion, his non-response to work hardening (that included biopsychosocial components) and the likelihood that surgery would be necessary, there is no support whatsoever for the medical necessity of the proposed individual psychotherapy and biofeedback sessions.

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

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the 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 carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 20th day of May, 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell