



**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 July 11, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP/th

**REVIEWER'S REPORT**  
**M2-05-1860-01**

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

From Requestor:

Correspondence  
Office notes 01/12/05 – 05/04/05  
PPE 05/04/05  
Electrodiagnostic evaluation 02/10/05  
Operative report 01/28/04  
Radiology reports 07/26/04 – 01/28/05

From Respondent:

Correspondence

From Neurosurgeon:

Office notes 03/11/05 – 04/27/05

From Spine Surgeon:

Office note 01/03/05

**Clinical History:**

The patient sustained a back injury at work on \_\_\_\_\_. He has persistent chronic pain, disability, and apparent development of significant psychological complications.

**Disputed Services:**

Psychological testing, psychophysiological 4 hours, profile assessment 1 hour.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the services in dispute as stated above are medically necessary in this case.

**Rationale:**

Records indicate documented injury and potentially serious psychological complications. Requested services are reasonable for these circumstances and purposes requested. The patient clearly needs psychological treatment, and the requested services will help address the patient's needs.