

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 13, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

REVIEWER'S REPORT
M2-05-1915-01

Information Provided for Review:

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

From Requestor:

Correspondence
Office visit 11/18/04

From Respondent:

Correspondence

From Treating Doctor:

Office visit 02/17/05
Physical therapy notes 01/12/05 – 04/19/05
Radiology report 04/08/05

Clinical History:

This case concerns a woman who sustained a back injury at work on _____. She has had persistent pain and associated psychological repercussions from her injury and persistent pain.

Disputed Services:

Individual psychotherapy 1 X weekly for 6 weeks, biofeedback, PPA assessment and/or biofeedback therapy 1 X weekly for 6 weeks.

Decision:

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

Rationale:

The weight of the evidence in this case supports the care recommended by the treating provider. This patient has developed a chronic pain syndrome for which a multidisciplinary approach as proposed is appropriate.