September 23, 2005

RE:	**MDR#:**	M2.05.2236.01	**Injured Employee:**	___
	TWCC#:		**DOI:**	___
	IRO Certificate #:	5055	**SS#:**	___

TRANSMITTED VIA FAX TO:

Texas Workers' Compensation Commission
Attention: ___
Medical Dispute Resolution
Fax: 512-804-4868

REQUESTOR:
Brad Burdin, DC
Attn: Jessica
Fax: (210) 690-0399

RESPONDENT:
Fidelity & Guaranty Ins.,/FOL
Fax: (512) 867-1733

Dear Mr. ___:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your care to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc., and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Neurology and Pain Management and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has the right to request a hearing.

If disputing a prospective spinal surgery decision, a request for a hearing must be in writing and must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admn. Code 142.5c).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admn. Code 148.3).

The decision is deemed received by you five (5) days after it was mailed (28 Tex. Admn. Code 142.4(h) or 102.5(d)). A request for a hearing should be sent to:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings/Appeals Clerk
P. O. Box 17787
Austin, TX 78744-7787
Fax: 512-804-4011

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 US Postal Service from this IRO office on September 23, 2005.

Sincerely,

Secretary & General Counsel

REVIEWER'S REPORT
M2.05.2236.01

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOBs
From Requestor:

- Office notes 05/20/05 – 08/11/05
- Consult 07/19/05
- Psychologist report 06/21/05

- Functional capacity evaluation 08/23/05
- Radiology report 05/26/05

From Respondent:

- Correspondence

From Neurology:

- Office notes 05/25/05 – 07/28/05

From Vascular Surgery:

- Office visit 07/21/05

Clinical History:
This claimant sustained a work-related injury on ___, which has resulted in a low back pain condition that has also resulted in lower extremity pain, as well as impotence. EMG testing has shown evidence of a bilateral S1 radiculopathy, and MRI showed a disc herniation at L5/S1. Neurologist consultation done on 07/28/05 lists recommendations to include continuing with psychological therapy, including hypnotherapy and biofeedback. This is partly for post-traumatic stress with a component of depression and anxiety, as well as in hopes for reducing his back pain, which is partly due to muscle spasms, according to a note dated 08/11/05 from Dr._____.

Disputed Services:
Request for ten (10) sessions of biofeedback.

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:
It appears that at least two (2) of this claimant's care providers have agreed that he may benefit from some biofeedback and re-occupation training from a variety of standpoints, which may include relaxation of muscles that are in spasm in the spine, as well as for some psychological consequences from the pain condition that resulted from his injury. Biofeedback is also a usual component to a chronic pain management program that can be utilized for pain conditions that are difficult to manage which may also contribute to psychological or emotional consequences, as appears to be the case here. Even though the date of injury is reason enough to warrant against a referral to a chronic pain management program, I do feel that the biofeedback approach may be beneficial if utilized at this time by the claimant.