



Specialty Independent Review Organization, Inc.

October 3, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
TWCC #: ____
MDR Tracking #: M2-05-2303-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Ph.D. and LPC with a specialty in counseling. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The patient, a 54-year-old male, sustained a work related injury on _____. His initial injury was to the lumbar spine which is the only compensable injury although he has complaints of neck pain and pain in both arms. He medically retired in 1997. He has had several surgeries to the lumbar spine. He is a type I diabetic and is treated by oral medication. His other medications include Darvocet, Neurontin, Trazadone, Effexor, and cholesterol medication. He complains of pain in the lower lumbar spine, pain that radiates to his right hip and leg, and numbness in that area. He reports pain related to sitting and walking with some relief when lying down.

RECORDS REVIEWED

Report from Intracorp by Dr. Jack Abramson 08/10/05

Report by Dr. Jerjis Denno 06/14/05

Report from Liberty Mutual by Kelly Henry 08/03/05

Report by Dr. Brad Burdin 07/19/05, 06/06/05, 05/02/05

Progress Note by Dr. Morris Lampert 06/10/05

Treatment Notes by Dr. Jeannie O'Sullivan 07/15/05

Medication Check notes by Dr. Robin Hostetter 05/03/05, 02/18/05, 01/20/05, 12/03/04

Peer Review Analysis by Liberty Mutual 08/03/05

REQUESTED SERVICE

The item in dispute is the retrospective medical necessity of 10 individual psychotherapy sessions.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

Mr. ___ has received outpatient psychotherapy since January of 2002 (over 3 years) and has participated in a pain management program for 33 sessions which included psychotherapy. Notes from Dr. Burdin indicate that Mr. ___ had treatment for depression going back approximately seven years. Mr. ___ is monitored for his psychotropic medications regularly and his comments there indicate that he feels he has little control over his mood. As described in the Oxford Textbook of Psychotherapy (1999), pain disorder that lingers beyond six months is considered chronic and often seen throughout most of the patient's life. Continued psychotherapy at this point would be for supportive purposes with no additional benefits.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TDI-DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 3rd day of October 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli