

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Road, Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Certificate # 5301

October 12, 2005

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-2320-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 9.9.05.
- Faxed request for provider records made on 9.9.05.
- The case was assigned to a reviewer on 9.27.05.
- The reviewer rendered a determination on 10.10.05.
- The Notice of Determination was sent on 10.12.05.

The findings of the independent review are as follows:

Questions for Review

The medical necessity of the requested preauthorization for individual psychotherapy at 1x6 weeks and biofeedback therapy at 1x6 weeks.

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **overturn the denial** on the requested individual psychotherapy at 1x6 weeks.

The PHMO, Inc. physician reviewer has also determined to **uphold the denial** on the requested biofeedback therapy at 1x6 weeks.

Summary of Clinical History

The aforementioned claimant was injured on _____. Since that time period, the claimant has received therapy, aggressive rehabilitation, injections, surgery and chronic pain management, as well as, various forms of diagnostic testing.

Clinical Rationale

The claimant already had both psychotherapy and biofeedback during a chronic pain management program and they both failed. This is clearly outlined in the outcomes assessment of the overall CPM program. The only reason why I feel that the claimant should be allowed to have 6 more sessions of individual psychotherapy is that there clearly needs to be some more observation of the claimant. There is documentation of passive suicidal ideation, thus there is a need for further observation and treatment. This is important because it involves the actual life and possible existence of the claimant. Biofeedback was already addressed in the CPM program and overall it had very little impact on the claimant.

Clinical Criteria, Utilization Guidelines or other material referenced

- *Occupational Medicine Practice Guidelines*, Second Edition.
 - *The Medical Disability Advisor*, Presley Reed MD
 - *A Doctors Guide to Record Keeping*, Utilization Management and Review, Gregg Fisher
-

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers, the injured employee or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

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. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 12th day of October, 2005. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date this Decision was placed in the carrier representative's box.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: Buena Vista Workskills
Attn: James
Fax: 214.692.6670

Sentry Insurance
Attn: Robert Josey
Fax: 512.346.2539

[Claimant]