

October 7, 2005

[Claimant]

Re: **MDR #:** M2-05-2327-01 **Injured Employee:** ___
 TWCC#: ___ **DOI:** ___
 IRO Cert. #: 5055 **SS#:** ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation Commission

Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

REQUESTOR:

Texas Health
Attention: James Odom
Fax: (214) 692-6670

RESPONDENT:

Sentry Ins A Mutual Co
Attention: Robert Josey
Fax: (512) 346-2539

TREATING DOCTOR:

David Llang, DC
Fax: (214) 946-8711

Dear Mr. ___:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case 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 Clinical Psychology and is currently listed on the TWCC Approved Doctor List.

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

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.

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 October 7, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-05-2327-01

Information Provided for Review:

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

From Requestor:

- Correspondence
- Office Visit (03/17/05)
- Psycho-Physiological Assessment (06/24/05)
- Electrodiagnostic Study (12/28/04)
- Radiology Report (01/03/05)

From Respondent:

- Correspondence
- Designated Review

Pain Management:

- Office Notes (05/18/05 – 06/15/05)

Clinical History:

This case concerns a man who sustained a low sustained a low back injury at work on ____ with subsequent development of chronic pain and adjustment disorder with depression. The patient has shown some improvement with a multicomponent treatment approach but continues to experience significant symptoms and functional impairment.

Disputed Services:

Biofeedback therapy once weekly for 4 weeks with 3 modalities.

Decision:

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

Rationale:

The treatment provider documented clinical improvement of this patient with treatment that has been provided so far, as well as provided research evidence regarding effectiveness of the proposed treatment. The requested service previously provided has been demonstrated to be beneficial, and the current request is to continue the same treatment for a small number of additional sessions.