IRO America Inc.

An Independent Review Organization
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March 31, 2006

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TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:	____
TDI-DWC #:	____
MDR Tracking #:	M2-06-0823-01
IRO #:	5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Psychology. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including: Initial Assessment, Harris County Hospital District, July 13, 2004
Initial Patient Consult, Regional Specialty Clinic, K. Bobby Pervez, M.D., 5/11/04
Physician's Report, Theodore Pearlman, M.D., P.A., February 25, 2005
Medical Examination Reports, Michael Krebs, M.D., 7/19/05, 1/11/06
Consultation Reports, Pain Reduction Center, Ben Tiongson, M.D. 1/05-1/06
Notice of Independent Review Decision, Envoy Medical Systems, September 3, 2004

CLINICAL HISTORY

This Patient is a 37 year old _____ who sustained a work-related injury on _____. While carrying out her work duties, she reports tripping over electrical cords and falling forward to the floor while handling or carrying medical files. Since that time, she has been treated extensively for constant pain (e.g., neck, back, and bilateral shoulders) and currently takes Hjydrocodone to relieve pain. Psychological evaluations on 5/24/04 and 6/18/04 diagnosed major Depression and Generalized Anxiety, for which the patient was prescribed medications; she takes Seroquel, lexapro, and trazodone. A subsequent (i.e., more current), independent behavioral evaluation by Dr. Theodore Pearlman indicates the absence of any Axis I disorder, but does indicate Axis II traits with tendencies towards symptom exaggeration.

DISPUTED SERVICE (S)

Under dispute is the medical necessity of 10 Sessions of Individual Psychotherapy

DETERMINATION / DECISION

The Reviewer disagrees with the determination of the insurance carrier in this case.

RATIONALE / BASIS FOR DECISION

In his report, Theodore Pearlman, M.D., P.A. proposed the following treatment plan for this Patient:

"Ms. ____ should be provided with a non-judgmental analysis of al the clinical facts validating discrepancy between extensiveness and severity of claimed symptoms and paucity of objective findings. There should be discussion concerning Ms._____ heightened emotions and her personality makeup influencing her to perceive a minor injury in an exaggerated perspective. Currently prescribed Lodine, Ultram, and Robaxin should be tapered to discontinuation over a period of three weeks. Psychotropic medications that Ms. _____ is receiving from Ben Taub Hospital, namely lexapro, trazodone, and Seroquel, should be tapered to discontinuation over a period of three weeks. The affective symptoms Ms. _____ demonstrates are a reflection of underlying personality traits and are not due to any Axis I mental illness. :*That treatment plan clearly includes at least 10 sessions of individual psychotherapy*. Therefore, The Reviewer disagrees with the decision of the Insurance Carrier.

Screening Criteria

1. Specific:

- Theordore Pearlman, M.D., P.A.
- Diplomate of the American Board of Psychiatry and Neurology
- 2620 Fountainview, #245
- Houston, TX 77057
- Morley, s., Eccleston, C., Williams, A. (1999). Systematic review and meta-analysis of randomized controlled trials of cognitive behavior therapy and behavior therapy for chronic pain in adults, excluding headache. *Pain*, 80, 1-13.
- Slot, S.L., Herrmann,, M., Hofer-Mayer, t., Adler, M., & Adler, R.H. (2001). A comparison of self-concept and personality disorders in women with pain accounted for by psychological factors, women with major depression, and healthy controls. Int J Psychiatry Med. 2001;31(1):61-71.

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

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

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer

Cc: ____

Texas Mutual Ins. Co.
Attn: Latrice Giles
Fax: 512-224-7094

Emillo Cardona
Fax: 713-796-9993

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 party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with 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 31st day of March, 2006.

Name and Signature of IRO America Representative:

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer