

December 21, 2005

[Claimant]

Re: **MDR #:** M2-06-0096-01 **Injured Employee:** _____
 DWC #: _____ **DOI:** _____
 IRO Cert. #: 5055 **SS#:** _____

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation

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

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

RESPONDENT:
Federal Ins / Downs Stanford PC
Attention: John Schkade
Fax: (512) 891-9630

TREATING DOCTOR:
Robert Bedford, DC
Fax: (214) 368-5656

Dear Ms. ____:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC 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 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 carrier health care providers who reviewed the case for decision before 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 a board certified in Psychology and Addiction/Pain Management and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC 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 December 21, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-06-0096-01

Information Provided for Review:

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

From Requestor:

Correspondence
Office Notes 08/08/05 – 09/27/05

From Respondent:

Correspondence

Pain Management:

Office Visit 08/10/05
Electrodiagnostic Study 01/20/05
Procedure Note 03/23/05
Radiology 12/22/04

Clinical History:

This patient sustained an injury at work on _____. Despite some treatment, she has ongoing symptoms of chronic pain and disturbances of mood and sleep.

Disputed Services:

Individual psychotherapy once weekly for 6 weeks, biofeedback, psychophysiological profile assessment with 4 modalities (EMG, PNG, TEMP, and SC/GSR).

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:

A short trial of individual psychotherapy and biofeedback is reasonable to address the significant ongoing symptoms this patient is experiencing since her on-the-job injury.