



provider. Your case was reviewed by a physician who is board certified in Psychology and is currently listed on the DWC Approved Doctor List.

### **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 the district court in Travis County (see Texas Labor Code 414.031). An appeal to District Court must be filed not later than thirty (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 US Postal Service from this IRO office on December 27, 2005.

Sincerely,

General Counsel

### **REVIEWER'S REPORT M2-06-0380-01**

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#### **Information Provided for Review:**

DWC-60, Table of Disputed Services, EOBs

From Requestor:

Correspondence

Office visits 08/31/05

From Respondent:

Correspondence

Designated Review

Neurosurgeon:

Office notes 03/08/04 – 09/16/05

OR 10/09/04

Radiology 09/28/04 – 09/16/05

Psychologist:

Office notes 05/17/05 – 08/11/05

Infectious Disease:

Office notes 10/26/04, 10/19/05

**Clinical History:**

This is the case of a 34-year-old nurse who injured her back at work. She subsequently required surgery on her back and developed chronic pain, depression and anxiety.

**Disputed Services:**

Eight sessions of individual psychotherapy.

**Decision:**

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

**Rationale:**

Medical records document an adjustment disorder with depression and anxiety. Documentation supports the need for the requested treatment.