

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
FAX: 512-288-3356

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0453-01
Name of Patient:	
Name of URA/Payer:	Ace Fire Underwriters Insurance
Name of Provider: (ER, Hospital, or Other Facility)	North Texas Pain Recovery Center
Name of Physician: (Treating or Requesting)	David Livingstone, MD

January 24, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: North Texas Pain Recovery Center
David Livingstone, MD
Division of Workers' Compensation

DOCUMENTS REVIEWED

Notification of IRO assignment Texas Outpatient Non-Authorization Recommendation November 1, 2005 by Julie Duncan, Ph.D. clinical psychologist Texas Outpatient Reconsideration Non-Authorization Recommendation November 11, 2005. M.Y. Gomez, Ph.D. physician advisor North Texas Pain Recovery Center denial appeal letter January 5, 2006 with table of attachments. Notice of Independent Review Assignment Medical Review Of Texas December 28, 2005. Harrison Harris letter to Medical Review Of Texas. Concentra Medical Center's evaluations, multiple. MRI thoracic spine October 7, 2004. MRI cervical spine October 7, 2004. North Texas Pain Center Recovery Center progress notes, multiple. CARF accreditation letter to North Texas Pain Recovery Center March 3, 2004. Neurosurgical consultation on Ms. Donna Tienert by Frederick D. Todd, II, M.D. September 21, 2005. Orthopedic consultation on Ms. Donna Tienert by Donald M. Maldon, M.D. August 11, 2005.

CLINICAL HISTORY

A 40-year-old female with a reported injury ____, slipping on her left leg hitting a wall injuring her left neck and shoulder. She has had suggested right C7 radiculopathy and consistent chronic pain despite conservative treatment.

REQUESTED SERVICE(S)

80 hours of pain management.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

The patient has failed lower levels of treatment. The American College of Occupational and Environmental Medicine support this view of treatment. As documented by Michael R. Walker Ed.D, MBA, MHL this has been repetitively successfully adjudicated. Ms Tienert is an appropriate candidate for this program.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider 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 IRO.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), 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 this 25th day of January 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Marc Salvato