

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	M2-06-0962-01
MDR Tracking Number:	
Name of Patient:	
Name of URA/Payer:	Twin City Fire Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	Nueva Vida Behavioral Health Assoc
Name of Physician: (Treating or Requesting)	William Lawson, DC

May 19, 2006

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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: Nueva Vida Behavioral Health Assoc.
William Lawson, DC
Division of Workers' Compensation

DOCUMENTS REVIEWED

1. Notification of IRO Assignment, Table of Disputed Services, Carrier EOBs
2. Carrier preauthorization denials
3. Pain Mental Health Evaluation and report, dated 9/13/05 and 9/15/05
4. Functional Capacity Evaluations, dated 7/23/02, 7/6/05
5. Urine drug screen and report, dated 4/27/05 and 5/19/05
6. Right shoulder arthrogram and injection procedural operative report, dated 3/22/05
7. Right shoulder arthrogram report, dated 3/22/05
8. Dermatomal evoked response and report, dated 4/7/99
9. Designated doctor examination and report, dated 3/16/01
10. Cervical MRI report, dated 4/26/05
11. Plain film radiological report of cervical spine, dated 4/26/05
12. Pain management medical specialist report, dated 4/8/05, 4/22/05 and 5/13/05
13. Treating doctor of chiropractic office note, dated 12/21/04, 6/8/05, 8/5/05 and 3/31/06
14. Independent Medical Evaluation and report, dated 9/14/04

CLINICAL HISTORY

Patient is a 42-year-old female test operator and electronic analyst who, on ____, injured her neck and right upper extremity after repeatedly lifting test heads (weighing an estimated 25-35 pounds each) under a very tight schedule. She became very dizzy, fell to the floor onto the right side of her body, and went

straight to the emergency room at the hospital. She eventually changed treating doctors to a doctor of chiropractic who performed conservative chiropractic care, physical therapy, including the use of a home TENS unit, and rehabilitation. She has received injections and medications, as well, by various medical doctors.

Ensuing diagnostics included x-rays, EMG, NCV upper extremities on 4/7/99, cervicocerebral arteriogram on 4/19/00, MRI cervical spine on 2/11/99, MRI of the brain with and without gadolinium on 4/4/00, CT scan of the head on 2/19/00, right shoulder MRI on 5/5/00, right shoulder arthrogram on 3/22/05, dermatomal evoked response on 4/7/99, MRA of intracranial circulation on 4/5/00, functional capacity evaluations, behavioral assessments on 7/17/00, emergency medical care, and independent medical examination that resulted in a 27% whole-person impairment. In addition, over the years the patient has received trigger point injections, and 10 sessions of a chronic pain management program.

The patient has not worked since 12/18/03.

REQUESTED SERVICE(S)

Preauthorization for 6 (six) visits of individual psychotherapy at a frequency of once per week.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

In this case, the medical records reference the fact that the claimant previously participated in a chronic pain management program (CPMP), but that "psychosocial social stressors which were an obstacle in participating" in the program at that time, but that the patient is "now ready to participate in the program" (Pain Mental Health Evaluation dated 9/13/05 & 9/15/05). The records also indicated that she was discharged from the CPMP on 9/6/01 after completing 10 sessions.

However, no records of the 10 CPMP sessions were submitted for review. Therefore, it is unknown whether or not the program was successful, and if it was successful, what particular components were

efficacious and beneficial. Since psychotherapy is a component of the CPMP and bears with it some of the same self-help strategies and coping mechanisms, documentation of the claimant's previous response to this treatment protocol is essential in determining the medical necessity for additional psychotherapy. Absent these specific records, there is simply not sufficient documentation to support the medical necessity of this proposed service.

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 19th day of May 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Marc Salvato