

Envoy Medical Systems, LP
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IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

May 15, 2006

Re: IRO Case # M2-06-0999 -01

Texas Department of Insurance, Division of Workers' Compensation:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) by the Texas Department of Insurance and has been authorized to perform independent reviews of medical necessity for Division of Workers' Compensation cases. Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that the Division of Workers' Compensation assign cases to certified IROs, this case was assigned to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Ph.D. psychologist who is licensed in Texas, and who has met the requirements for the Division of Workers' Compensation Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Report, Dr. Baylowski
4. Statement of carrier
5. RME 1/13/06, Dr. Sedighi
6. Office notes, Dr. Botefuhr
7. Office notes, Dr. Banta
8. Initial behavioral medicine consultation, Texas Health
9. Preauthorization request, reconsideration request, Requestor's position document, Texas Health

History

The patient apparently sustained an injury of the lumbar spine in _____. The patient was treated with chiropractic care. In January 2006 it was discovered that the patient had a compression fracture at L5. Also in December 2005, the patient was seen for an initial behavioral medicine evaluation, after which further psychological evaluation and PPA were requested and denied by the carrier. Subsequently, psychotherapy was requested and denied

Requested Service(s)

Individual psychotherapy 1x4.

Decision

I agree with the carrier's decision to deny the requested individual psychotherapy.

Rationale

Based in the records provided for this review, the patient's alcohol intake is clearly a confounding factor, which could account for depressive symptoms. Unfortunately, the initial evaluation left many unanswered questions regarding the individual's adjustment. It is not clear, for instance, why this individual has held numerous different jobs. The patient's living circumstances are not clear, and additional current stressors were not delineated. The impact of past alcohol use was not addressed. Given the incomplete history, it is difficult to know the basis for current depressive symptoms. Further evaluation would be indicated before considering psychotherapy and biofeedback. It would be necessary to have more complete history, as well as objective testing. Goals for biofeedback and a baseline against which to measure progress would be appropriate.

This medical necessity decision by an Independent Review Organization is deemed to be a Worker's Compensation decision and order.

YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have a right to appeal the decision. The decision of the Independent Review organization is binding during the appeal process.

If you are disputing a decision other than a spinal surgery prospective decision, the appeal must be made directly to the district clerk in Travis County (see Texas Labor Code sec. 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.

Daniel Y. Chin, for GP

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 15th day of May 2006.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Texas Health/Phil Bohart, Attn James Odom, Fx 214-692-6670

Respondent: Texas Mutual Ins., Attn Latrice Giles, Fx 224-7094

Texas Department of Insurance, Division of Workers' Compensation: Fx 804-4871 Attn: