

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1109-01
Name of Patient:	
Name of URA/Payer:	City of Dallas
Name of Provider:	Texas Health
<small>(ER, Hospital, or Other Facility)</small>	
Name of Physician:	Anthony Esquibel, DC
<small>(Treating or Requesting)</small>	

May 3, 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: \_\_\_\_\_  
Texas Health  
Anthony Esquibel, DC  
Division of Workers' Compensation

CLINICAL HISTORY

ITEMS REVIEWED:

MDR Request / Response  
IMO Peer Review / Kyle Babick, PhD  
IMO Peer Review / Andrew Block, PhD  
Carrier Response / Harris & Harris  
Chiropractic Notes & Orders / Anthony Esquibel, DC  
Behavioral Health Notes & Reports / Texas Health / Phil Bohart, MS, CRC, LPC  
Behavioral Health Reports / Tracy Duran, MS, LPC  
Electrodiagnostic Reports / Usha Walia, DC  
MRI Reports / Michael Ginsburg, MD  
Designated Doctor Evaluation / James Beyer, DC  
Medical Reports / Benjamin Cunningham, MD

Available information suggests that this patient reports a work related injury to her cervical spine and left shoulder on \_\_\_\_\_. She presented initially to a Dr. Webb (specialty unknown) and received physical therapy for approximately 3 years. She returned to work and retired from her position in 1999. The patient then began receiving physical therapy from a chiropractor, Dr. Eggert from 1999 to 2004. EMG/NCV studies were performed 12/02/02 suggesting left C5 and C7 radiculopathy. MRI suggests multilevel disc degeneration and degenerative joint disease at C5/6 levels. Multilevel disc bulging and foraminal narrowing are also noted. Surgical consultation is made with a Dr. Cunningham on 03/07/03 suggesting that the patient continue with physical therapy. The patient again changed doctors to another chiropractor, Dr. Esquibel, on 03/18/04. The patient was again continued on active and passive physical therapy until referred for psychological evaluation on 11/03/05. Evaluations by licensed behavioral counselors suggest that the patient is experiencing physical

and emotional impairment (depression and anxiety) as a result of 1996 injury. Psychotherapy and biofeedback therapy is requested at 1x 6 weeks. No evaluation of prior psychological illness appears to be provided. Designated doctor evaluation was made on 10/02/02 by a Dr. James Beyer, indicating that the patient achieved MMI on 02/29/98 with 9% WP impairment. Modified Somatic Perception and Modified Zung index scores indicated that the patient had Distressed-Depressive and Distressed-Somatic findings from objective evaluation. Waddell's signs are found negative for inappropriate illness behavior. Additional diagnostic testing is said to be indicated including evaluation for structured pain management.

#### REQUESTED SERVICE(S)

Individual psychotherapy 1x per week for 6 weeks.

#### DECISION

Approved.

#### RATIONALE/BASIS FOR DECISION

Given objective evidence of work related injury and ongoing depressive/somatic symptomology documented by Texas Health and designated doctor evaluation, individual psychotherapy (as ordered) **does appear reasonable and necessary.**

Main et al, *Distress and Risk Assessment Method*, SPINE 1992;17:42-52.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review. This review and its findings are based solely on submitted materials.

No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned individual. These opinions rendered do not constitute per se a recommendation for specific claims or administrative functions to be made or enforced.

### 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 4<sup>th</sup> day of May, 2006.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell