



Specialty Independent Review Organization, Inc.

May 26, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-06-1223-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Professional Counselor and Ph.D. with a specialty in Counseling. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Mr. ____ sustained a work related injury on ____ while traveling from the jobsite to the shop. He was seated in the front passenger seat in a company vehicle when it was hit from behind while at a stop. He described immediate onset of spinal pain in the neck, low back, etc. He tried to get out of the van, and upon doing so he noticed that his R knee was unable to support his weight. He was taken by EMS to St. Luke's Hospital where radiographs were taken. He was told there were no fractures. He also reported some restlessness and sleeplessness. At the time of the accident, he was experiencing nausea and was vomiting. He was given medications including Skelaxin, hydrocodone, and ibuprofen. He was also fitted with a straight leg brace for the right leg, and given crutches for ambulation. His pain levels were described as 7 on a scale of 0-10.

The patient is nondiabetic and has no history of heart or lung problems. He reports no prior injuries that required medical treatment for the spine or knee. He does have a history of a broken toe and an injury to the right hand metacarpal region on the ulnar side of the hand. He has also been diagnosed with Factor 7.

Mr. ___ was referred to John Churchill, LCSW by Dr. Brad Burdin for a mental health evaluation and possible psychotherapy. Mr. ___ was seen in conjoint family therapy and individual therapy as a teen for depression. He reported no further counseling or current/past use of psychotropic meds.

RECORDS REVIEWED

Consultation and Evaluation by Brad Burdin, D.C.	11/02/05
Radiology Report by Raul Pelaez, MD	11/03/05
Radiology Report by Kenneth Kist, MD	11/03/05
Patient Notes by Mark Dedmon, P.A.-C. MPAS	11/17/05
Patient Notes by Brad Burdin, D.C.	12/01/05
Patient Notes by Brad Burdin, D.C.	12/30/05
Evaluation by Mark Dedmon, P.A.-C. MPAS	01/03/06
FCE by Kipp Clayton, OTR	01/05/06
Patient Notes by Brad Burdin, D.C.	01/27/06
Patient Notes by Brad Burdin, D.C.	02/27/06
Independent Medical Eval by David West, D.O.	03/03/06
Mental Health Eval by John Churchill, LCSW	03/07/06
Utilization Review by M. Doone, D.C.	03/20/06
Second Utilization Review by Maury Guzick, D.C.	03/30/06

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of 90806 X 8 – Counseling/Hypnotherapy

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

Mr. ___ reported no suicidal ideation, decreased sleep and energy, yet increased interest in life/events. He reported that he has a strong support system with his family and church. The psychological evaluation recommended 6 – 8 sessions of psychotherapy based primarily on the fact that arthroscopic knee surgery has yet to be authorized. Because no psychological or adjustment concerns were reported and no psychometric evaluations were administered, there is insufficient evidence to support the necessity of psychotherapy.

REFERENCES

B. Herlihy & G. Corey. (1996). ACA Ethical Standards Casebook (5th ed.). American Counseling Association, Alexandria, VA.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that 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.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 26th day of May 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli