

NOTICE OF INDEPENDENT REVIEW DECISION

May 31, 2006

Bridgepoint I, Suite 300  
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Phone 512-329-6610 • Fax 512-327-7159 • www.tmf.org

Requestor

Daniel Bradley Burdin, DC  
ATTN: Jessica  
9502 Computer Dr., #100  
San Antonio, TX 78229

Respondent

Royal Insurance of America  
ATTN: Tom Lang  
Fax#: (512) 452-7004

RE: Claim #:  
Injured Worker:  
MDR Tracking #: M2-06-1276-01  
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The patient sustained a work related injury on \_\_\_\_ when she was pushing a surgical bed and felt a pop along the neck and left shoulder resulting in pain in her neck and left shoulder. She has been treated with chiropractic care, medication, therapy, injections, and surgery on her left shoulder.

Requested Service(s)

Repeat psychological evaluation (90801)

Decision

It is determined that repeat psychological evaluation (90801) is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient's condition has not resolved and there is sufficient documentation to clinically justify the treatment she has received to date. In addition, it is medically necessary for her to receive a repeat psychological evaluation in order to treat her condition. Once it is established as to her current psychological condition, appropriate treatment recommendations can be made by her treating doctor. If a psychological condition exists that requires treatment, this can be addressed in conjunction with a return to work program and eventually a home exercise program. If no psychological condition exists and no treatment is required, then a return work program is needed.

This decision by the IRO is deemed to be a DWC decision and order.

**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.

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

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The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,



Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:dm

Attachment

cc: Injured Worker  
Program Administrator, Medical Review Division, DWC

In accordance with division 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 31st day of May 2006.

Signature of IRO Employee:

Printed Name of IRO Employee:

**Information Submitted to TMF for Review**

**Patient Name:** \_\_\_\_\_

**Tracking #:** M2-06-1276-01

**Information Submitted by Requestor:**

None

**Information Submitted by Respondent:**

- Peer Review
- Letters from Dr. Burdin
- Progress notes Dr. Lambert
- Office notes Dr. Burdin
- Required Medical Evaluation
- Letter of Medical Necessity
- Notices of Review Determinations
- Counseling Progress Notes
- Request for Reconsideration
- Clinical Record
- Letters from Dr. Arredondo
- Functional Capacity Evaluations
- Request for muscle stimulator
- Occupational therapy evaluation/treatment notes
- Operative Reports
- Office Notes The San Antonio Orthopaedic Group
- Case Manager Notes
- Letter from Dr. Pipkin
- Physical examination Dr. Gillespie
- Office Notes Dr. Hirsch
- Office Notes Dr. Pipkin
- MRI report of left shoulder
- Physical Therapy Evaluation and Notes
- Report of CT scan cervical spine
- Report of cervical myelogram with fluoroscopy
- Report of post myelogram CT scan
- Office notes Dr. Kingman
- Office notes Dr. Jacobs
- Home therapy notes Healthsouth
- EMG/NCV report
- Office notes Dr. Gordon
- Report of MRI of cervical spine

