

IRO America Inc.

An Independent Review Organization

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August 2, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-1578-01

IRO #: 5251

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

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Psychology. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including but not limited to:

- Corridor Medical Clinic, Patient Summary, 12/22,05
- Lori B. Wasserburger, M.D., Physical Medicine Consult., Electrodiagnostic Exam, 1/12/04
- Curtix P. Clogston, M.D., J.D., Clinic Notes, 8/29/03; 9/17/03
- Nueva Vida Behavioral Health Associates, Initial Diagnostic Screening, 4/6/06
- Nueva Vida Behavioral Health Associates response to denial letter, 5/1/06

CLINICAL HISTORY

The Patient is a 42 year old white female with DSM IV diagnosis (Axis I) 307.89, Pain Disorder Associated with Work Related Injury Medical Condition and Psychological Factors (i.e., backache, pyelonephritis (ICD 590.80), neck pain (ICD 724.2), lumbago (ICD 724.2), pain, thoracic spine (ICD 724.1), sprain/strain lumbar (ICD 847.2), sprain/strain cervical (ICD 847.0), sprain/strain thoracic (ICD 847.1, and sprain/strain shoulder (ICD 840.9). These diagnoses are proposed as the result of a work-related injury; patient was working at _____ on _____ and sustained a lumbar injury when a section of metal shelving fell on her from a height of 25'. It is reported by the examining L.P.C. that the patient is experiencing "negative interactions at the workplace related to her coping efforts and pain management as it relates to concentration, impatience, irritability, and negative interpersonal relations." The Patient is currently employed as a work leader for the IRS.

Available medical history indicates that The Patient had 3 separate motor vehicle/bike accidents, the more severe of which resulted in extensive skeletal repair following a bicycle accident in 1987; she sustained a broken pelvis and back (requiring Harrington rod placement). The _____ injury seems to have exacerbated the original injuries (resulting in difficulty walking due to weakness in the left lower extremity, as well as numbness in the left lower extremity) requiring additional surgeries (i.e., removal of lower Harrington rod hooks, anterior-posterior fusion with cages and pedicle screws to complete the fusion from the upper lumbar levels to the sacrum, surgery to correct numbness in both lower extremities). Medication management of pain (per available records) includes Bextra, Norco, and Skelaxin. The Patient reports drinking up to 5 alcoholic drinks/week (which is contraindicated with Bextra and Norco).

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of 8 sessions of individual psychotherapy.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

According to the records, unimodal psychotherapy is not supported in this case given the diagnosis of Axis I 307.89, Pain Disorder Associated With Both Psychological Factors and a General Medical Condition. In this case, *psychological factors* do not play a significant role in the onset, severity, exacerbation, or maintenance of the pain (i.e., the patient has no history of psychiatric or substance use disorders; she is low on standard scales of depression (BDI) and anxiety (BAI); she presents as a bright, insightful, educated individual; her thought processes are intact, goal oriented, and well organized; there is no current evidence of psychiatric symptoms; she has personal insight into current social stressors; she has held the same full-time job for 7 years). Further, it is unlikely that This Patient's chronic pain would benefit from 8 sessions of cognitive behavioral treatment, particularly given her demonstration of non-compliance with behavioral protocols (i.e., referral to Dr. Jordon for appropriateness of opioid treatment and option for psychological support was abandoned after 2 sessions; participation in a chronic pain program in Houston was not completed; participation in medication management with Dr. Joshi reported as non-compliance with the program).

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.

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

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 DWC via facsimile, U.S. Postal Service or both on this 2th day of August, 2006.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer