MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71 **Austin, Texas 78735**
Phone: 512-288-3300 **FAX: 512-288-3356**

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1849-01
Name of Patient:	
Name of URA/Payer:	Lowes Home Centers
Name of Provider: (ER, Hospital, or Other Facility)	Canton Healthcare Systems
Name of Physician: (Treating or Requesting)	Ronald J. Davis, DO

September 20, 2006

An independent review of the above-referenced case has been completed by a physician (board certified) in psychiatry. 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: ___
Canton Healthcare Systems
Ronald J. Davis, DO
Division of Workers' Compensation

RE: ___

DOCUMENTS REVIEWED

1. Notification of IRO Assignment
2. TX UR Adverse determination notification
3. Peer file review
4. Teleconference
5. Medical records
6. Diagnostic studies

CLINICAL HISTORY

This is a 35-year-old female who was injured at work on ___. She heard a pop in her back and then developed pain from her left shoulder down her arm. She had a number of diagnostic studies, including MRI, CT, radiography, and myelogram with somewhat contradicting and discrepant results. Her treatment included physical therapy and steroid injections. The patient's detected pathology was consistent with the pattern of pain and mechanism of injury and patient was considered to be a candidate for orthopedic surgery. Patient was evaluated by Ms. Cooper MS, LPL at Canton Health Care System on 5/17/06. A Beck Depression Inventory was scored at 32 (severe) and Beck Anxiety Inventory was rated at 18. The mental status exam was normal. Patient was diagnosed with "Major Depression with anxiety" Axis I and it was stated that the diagnosis is injury related. The depression was rated to be severe. The patient has a history of gastric bypass surgery and hypothyroidism.

REQUESTED SERVICE(S)

Eight individual counseling sessions

DECISION

Approve

RATIONALE/BASIS FOR DECISION

The patient had injury while performing work duties. She developed severe pain, had to undergo numerous diagnostic and treatment procedures. After the course of physical therapy her pain became even worse. She had to face the contradicting diagnostic evaluation results and the uncertainty of the outcome of her condition. These circumstances constitute a significant stress and definetley can

RE: ___

account for the development of major depression. The Beck Depression Inventory includes major domains which are also DSM IV criteria for MDD. High BDI score conveys the impairment in number of major domains which strongly implies the diagnosis of MDD. “Normal” mental status exam implies absence of psychotic symptoms and gross thought process impairment. Those pathologies are not necessary conditions for diagnosis of MDD. The fact that injury was at a certain point “at maximum medical improvement for some time” does not necessarily eliminate the depression. It is well known that depression, once developed secondary to pain and suffering, then takes the life of its own and may persist and deteriorate for extended period of time if not treated. Thus, the fact of “maximum improvement” (physical) at some point between the injury and detection of depression does not disprove the causation between the injury and subsequent depression. The pain is a complex phenomenon and the experienced level of pain is determined not only by the degree of physical injury but also by patient’s mental functioning so controlling depression is an essential element pf pain management. Such management including counseling and biofeedback is a standard of care accepted in this country. The fact that patient has hypothyroidism by no means implies that there is pre-existing psychiatric condition. The same is true about having history of gastric bypass surgery. It should be noted that, despite “Major Depressions with Anxiety” is not an official DSM diagnosis currently, the concept of “anxious depression”, is recognized in psychiatry and, in fact, “mixed anxiety-depressive disorder” was included by DSM-IV task force group as a proposal for possible inclusion.

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 21st day of September, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell