



September 25, 2006

Re: MDR #: M2 06 1888 01 Injured Employee: \_\_\_  
DWC #: \_\_\_ DOI: \_\_\_  
IRO Cert. #: 5340 SS#: \_\_\_

**TRANSMITTED VIA FAX TO:**

**TDI, Division of Workers' Compensation**

Attention: \_\_\_

Medical Dispute Resolution

Fax: (512) 804-4868

**RESPONDENT: Liberty Mutual**

**REQUESTOR: Neuva Vida Behavioral Health Associates**

**TREATING DOCTOR: Rafael Parra, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in physical medicine and rehabilitation and is currently listed on the DWC Approved Doctor List.

P.O. Box 855  
Sulphur Springs, TX 75483  
903.488.2329 \* 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. 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.

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 September 25, 2006.

Sincerely,

Handwritten initials 'JC' in a stylized, bold font. The 'J' has a dot above it, and the 'C' is a simple, thick-lined letter.

Jeff Cunningham, DC  
President



**REVIEWER'S REPORT  
M2 06 1888 01**

MEDICAL INFORMATION REVIEWED:

1. Records from Dr. Parra
2. Functional Capacity Evaluation, Dr. Joe Hester dated 06/13/06
3. Review by Dr. Schmidt, Ph.D. dated 06/19/06
4. Report from Dr. Creager dated 07/11/06
5. Report pertaining to MRI of the left scapula dated 04/21/04
6. An EMG study acquired from Dr. Parra dated 03/20/06

BRIEF CLINICAL HISTORY:

The injured employee is a 44-year-old male who apparently was struck in the neck by a metal bar while operating a cement-mixing machine on \_\_\_\_. He subsequently was found to have disc protrusions in the cervical spine by MRI and electrodiagnostic evidence of a C5/C6 radiculopathy on the left side.

DISPUTED SERVICES:

Six individual psychotherapy sessions.

DECISION:

I AGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

It has been almost \_\_\_\_ years since this injury occurred. He has had a functional capacity evaluation early on showing symptoms magnification. Apparently he has also undergone an Independent Medical Evaluation in the past suggesting that he was at maximum medical improvement and that further therapeutic intervention was not indicated. He has scored very high in the psychosocial stressor area on his various evaluations. However, at this point in time, I do not see clinical evidence that supports the need for psychotherapy as it specifically relates to this work injury.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

It has been my experience that individuals who have similar complaints of chronic pain such as this individual who tend to exaggerate the symptomatology often compound the psychological profile that has developed, as I believe is the case here. When one is at maximum medical improvement, that means further gains are not going to take place. In this case, having already been assigned whole person impairment rating of 5% and having been determined to be at maximum medical improvement would suggest to me that additional psychotherapy is not indicated.