

October 20, 2005

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-0100-01

CLIENT TRACKING NUMBER: M2-06-0100-01 /5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from the State:

1. Texas Department of Insurance IRO Assignment-2 pages
2. Medical Dispute Resolution Request/Response Form-2 pages
3. Table of Disputes Services-2 pages
4. Letter from Dr C.P. Garcia MD-2 pages
5. Office Notes-2 pages
6. San Antonio Spine and Rehab MDR-TWCC 60 Form-2 pages
7. San Antonio Spine and Rehab Reconsideration for Individual Therapy and Medication Management-1 page
8. Psychiatric Evaluation Notes-6 pages
9. Letter from Harris and Harris Law Office-1 page

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Records Received from the Requestor:

1. San Antonio Spine and Rehab Treatment Request Form-1 page

Records Received from Dr. Richard Wilson:

1. Operation Report-3 pages
2. Texas Workers Compensation Work Status Report-3 pages

Records Received from the Respondent:

1. Letter from Harris and Harris Law Office-2 page
2. Medical Record Review-8 pages
3. Letter from Dr. D. Rod Lee MD-3 pages
4. CorVel Explanation of Review-1 page
5. Texas Workers Compensation Commission Statement of Pharmacy Services-1 page
6. Premier Medical Imaging Final Report-2 pages

Summary of Treatment/Case History:

Patient is ___ the injury date was ____. ___ was employed by _____ for 3 to 4 days as a furniture loader. On the day of the injury, he was filling a trailer with furniture and was putting a large package on a dolly, he was unable to sustain the weight and the package hit him in the face. His nose and neck was forced backwards. At the same time he was trying to help it with his left hand, which jarred his left shoulder and left arm. He sought treatment from Dr. R. Zayas. Varioud diagnostics including: X-ray, CT of the brain, and CT of cervical spine were performed and all were within normal limits. He is engaging in physical medicine treatments.

Dr. Robert Jimenez treated him approximately three years ago for anxiety. The patient is taking Skelaxin two times a day. A psychiatric evaluation was done on 7/28/05 by Dr. C.P. Garcia, and Rosalino Gazza-Harris LMSW, and again on 8/17/05 by Aosalino Garzza-Harris LMSW ACP. However, there is no evidence in the chart where a board certified psychiatrist specializing in or experiences in work related injuries or Pae Disorders as a result of the injury noted. There is also no evidence of any kind that a board certified psychiatrist ever evaluation this patient in regards to any need for services.

Explanation of Findings:

After careful review the reviewer is not able to recommend the request for eight individual sessions for psychotherapy and four medical management sessions. The patient is still being treated by his physician, therefore the above denial is based on the failure to get adequate medical evaluations by a board certified psychologist. The need for services requested for a psychiatric evaluation appears to be done by the patient's social worker and his physician with a board certified psychiatrist.

References Used in Support of Decision:

This decision is based upon a complete review of the records and the reviewer having over 20 years of practice and is board certified in family practice. Other publications and literature is The American Psychiatry Association and Occupational Medicine.

The physician who performed this review is board certified by the American College of Family Practice in Osteopathic Medicine and Surgery. This reviewer is a member of the American Medical Association, the Texas Medical Association, and the American Osteopathic Association and is a Diplomate of The National Board of Examiners for Osteopathic Physicians and Surgeons of the United States of America. This reviewer has been in active practice since 1978.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payer and/or URA, patient and the TWCC.

You're 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 / Appeals Clerk
P. O. Box 17787
Austin, TX 78744

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical

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literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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