



Specialty Independent Review Organization, Inc.

November 29, 2005

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-0261-01  
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Ph.D., LPC with a specialty in Counseling. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

The patient reported a work related injury on \_\_\_\_ while working for \_\_\_\_ . He described injuries to his neck, low back and right shoulder and arm when 3 of his co-workers attempted to zip tie him to a wall. He stated that he resisted them by forcefully pushing them away. He stated that when he was pushed back his head and neck were "whiplashed". He stated that he then yanked his right arm out of the ties. He stated that he felt immediate pain in his neck, low back, and right shoulder and arm. He stated that he felt swelling in his right arm. He then gathered his tools and returned to the main shop. He states that he reported the incident to his boss and went to the ER. He states that he was in so much pain that he remained in bed for the next three days.

He was prescribed medications and sent to therapy for 3 days of passive care. Right shoulder surgery 03/19/04 was performed which according to the patient apart from some transient improvement has been ineffective. He had two impairment ratings by orthopedic Dr. Mark Sanders. The first was on 11/25/03 at which time patient was given 12% IR and the second was 8/25/04 at which time he was given 6% IR. Mr. \_\_\_ has been off work since the injury.

Mr. \_\_\_ had a psychological exam on 08/09/05 at the request of Dr. Cody Doyle. The patient has had no prior mental health treatment or history prior to this accident. The report by David Fitzpatrick stated that Mr. \_\_\_ is experiencing a myriad of psychosocial stressors related to his sleep disturbance, injury, and inability to work. Mr. \_\_\_ endorsed the following symptoms indicative of injury related mood disturbance: mood swings punctuated by periods of sadness, crying, and depression followed by periods of brooding or silence, feelings of hopelessness towards the future, excessive worry over health, future events, and potential re-injury, recurrent thoughts about injury-related problems, being jumpy or easily started, having a feeling of panic or dread, lack of enjoyment and feeling of satisfaction with life, becoming easily angered or prone to explosive outbursts, always feeling tired or not well, and an inability to relax or feeling as though he is under constant strain. The DSM-IV diagnosis was Adjustment Disorder with mixed anxiety and depressed mood and a GAF of 52

There is no history of present injury related to this current injury including no history of any related diagnosis, treatment or disability. He reports a previous history of low back injury many years ago. He states that he was treated with epidural blocks. He states that he had not had low back pain for years and was not having any pain at the time of this incident.

#### RECORDS REVIEWED

Initial Denial by Tracey Duran 10/14/05  
Utilization review by Margie Kling 08/22/05  
Reconsideration review by Margie Kling 09/16/05  
Letter of dispute to SIRO by LaTreace Giles 11/15/05  
Initial Medical Narrative Report by Cody Doyle 09/09/03  
Operative Report by Zubin Khubchandani 03/19/04  
Report of Medical Evaluation by Howard Bernstein 01/12/05  
Review of Medical History & Physical Exam by Howard Bernstein 01/12/05  
Behavioral Medicine Consultation by David Fitzpatrick 08/09/05  
Assessment by David Schickner 09/28/05  
MRI report 09/27/05  
Behavioral Health Request 08/17/05  
Reconsideration Behavioral Health Request 09/09/05  
Letter of Medical Necessity 08/14/05  
Cervical Myelogram Findings 02/18/04  
Texas Bone & Joint Center 01/20/04, 03/23/04, 4/13/04, 04/01/04, 06/17/04  
Genesis Ultrasound 10/07/04, 10/07/03,  
Consultation by Dr. Masaki Oishi 07/14/04

## REQUESTED SERVICE

The item in dispute is the prospective medical necessity of individual psychotherapy once weekly for six weeks.

## DECISION

The reviewer disagrees with the previous adverse determination.

## BASIS FOR THE DECISION

Mr. \_\_\_'s moderate mood and anxiety as well as chronic pain and sleep difficulties are sequela of his compensable work related injury. He has not received any psychological services beyond the evaluation on 08/09/05 which supports the medical necessity of psychological intervention in conjunction with his physical rehabilitation.

Mr. \_\_\_'s moderate symptoms affecting occupational, social, recreational, and familial functioning are directly related to his compensable work related injury. These symptoms should be treated via psychological means as per Kurzdorfer. DWC guidelines and Rule 408.021 mandates that "an employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed."

## REFERENCES

Kurzdorfer, et al. Case report long term depressive adjustment disorder. Occupational Therapy diagnosis and psychotherapy treatment of an adjustment disorder. Psychiatr Prax 2003 May 30: Suppl 2:S85-7.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that 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.

Sincerely,

Wendy Perelli, CEO

**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.**

Sincerely,

Wendy Perelli, CEO

**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 via facsimile, U.S. Postal Service or both on this 29<sup>th</sup> day of November 2005**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**