



Specialty Independent Review Organization, Inc.

May 30, 2006

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1215-01  
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. and Counselor 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

Ms. \_\_\_\_ was injured on the job on \_\_\_\_ at \_\_\_\_ as a cashier when throwing the trash out she slipped on a wet floor and fell landing on her buttocks. She stayed in that position for a little bit, and then she got up and slowly made her way to the office where she reported the incident. She did not sustain head injuries or lose consciousness. She also injured her left thumb. Two views of the lumbar spine were negative, except for spondylosis. Radiographic studies of the pelvis were negative. She was prescribed Ibuprofen and an analgesic, which did not help. She returned to the emergency center at Baylor Hospital 11/14/05 and was given a prescription for muscle relaxants. Discomfort is made worse by prolonged sitting, standing and all movements of the lower back, but not by coughing or sneezing. The pain radiates into both

groins. She develops tingling in both legs, which extends to the feet. The pain does awaken her from sleep at night. Thumb pain has improved and she has never previously injured these areas and feels unable to work at present because of discomfort. She was seen by the company doctor the following morning and x-rays were taken. Patient was medicated and released. Patient was dissatisfied with the treatment and complained that she had swelling to the low back. She moved her care to Dr. Botefuhr.

During Ms. \_\_\_'s behavioral medicine evaluation, she reported that her pain from the ONJI interferes with her performance of normal activities of daily living such as recreational, social, familial, and ability to work as 10/10 with 10 being the highest rating. She denied ever receiving mental health treatment or hospitalization for psychiatric concerns prior to her injury. She reported feeling overwhelmed and having limited ability to cope with her injury and related stressors; she also endorsed passive suicidal ideations.

#### RECORDS REVIEWED

Pelvis-Routine AP Only-11/08/05; L-Spine AP/LAT-11/08/05; Operative Report by Don West, MD-11/13/05; Discharge Instructions from BUMC-11/14/05; Report by Don West, M.D.-11/15/05; MRI Lumbar Spine By Brian Homes, MD-11/18/05; Office Notes by Don West, MD-11/23/05; Office Notes by Don West, MD-12/13/05; Office Notes by Don West, MD-12/20/05; Operative Report by Don West, MD-12/13/05; New Patient Evaluation by Miguel Banta, MD-12/28/05; X-Ray Sacrum & Coccyx – 2 Views-12/29/05; Patient Notes by John Botefuhr, D.C.-12/30/05; Electro-diagnostic Studies by Jonathan Walker, MD-01/10/06; Patient Notes by John Botefuhr, D.C-01/13/06; Patient Notes by John Botefuhr, D.C-01/31/06; Initial Behavioral Medicine Consult L. Vuong, PhD & J. Selby, PhD-02/02/06; Patient Notes by John Botefuhr, D.C-02/09/06; Consultation by Bradley Eames, D.O.-02/13/06; DDE by Jackie Stephenson, MD-02/21/06; Patient Notes by John Botefuhr, D.C-02/23/06; Behavioral Medicine Testing Results by L. Vuong, PhD & J. Selby, PhD-02/24/06; Utilization Review by Eileen Ward, LPN-03/03/06; Patient Notes by John Botefuhr, D.C-03/08/06; Patient Notes by John Botefuhr, D.C-03/16/06; Reconsideration: Behavioral Health Preauthorization- Request by Phil Bohart, MS, CRC, LPC-03/20/06; Patient Notes by John Botefuhr, D.C-03/22/06; Appeal of medical determination by Mark Carlson, DC of Texas Mutual-04/05/06; Patient Notes by John Botefuhr, D.C-04/05/06; Procedure Note by Bradley Eames, D.O.-04/20/06; Patient Notes by John Botefuhr, D.C.-04/28/06; Requestor's Position Regarding Pre-authorization by Phil Bohart, MS, LPC-05/05/06

#### REQUESTED SERVICE

The item in dispute is the prospective medical necessity of individual psychotherapy once weekly X 8 weeks, Biofeedback 90806, 90901.

#### DECISION

The reviewer disagrees with the previous adverse determination.

## BASIS FOR THE DECISION

The reviewer states that Ms. \_\_\_\_'s severe depression, chronic pain, and sleep difficulties are directly related to her compensable work related injury. TWCC guidelines 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."

According to A Brief Review of Pain: Assessment and Intervention from a Psychophysiological Perspective (2004), use of surface EMG and peripheral skin temperature are commonly used biofeedback modalities for pain intervention and relaxation. Therefore, according to TWCC's stated guidelines, psychotherapy and biofeedback sessions are appropriate and medically reasonable and necessary treatment for Ms. \_\_\_\_.

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 Division via facsimile, U.S. Postal Service or both on this 30<sup>th</sup> day of May, 2006**

**Signature of Specialty IRO Representative:**

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