



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1723-01
NAME OF REQUESTOR: Injury 1 Treatment Center / Phil Bohart
NAME OF CARRIER: Liberty Mutual
DATE OF REPORT: 08/03/06
IRO CERTIFICATE NUMBER: 5320

TRANSMITTED VIA FAX:

IMED, Inc. has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO).

In accordance with the requirement for TDI to randomly assign cases to IROs, TDI has assigned your case to IMED, Inc. for an independent review. The peer reviewer selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the peer reviewer reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

The independent review was performed by a matched peer with the treating physician. This case was reviewed by a chiropractic physician reviewer who is Board Certified in the area of Chiropractic Medicine and is currently listed on the DWC approved doctor list.

I am the Secretary and General Counsel of IMED, 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 provider, the injured employee, 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. I further certify that no conflicts of interest of any nature exist between any of the aforementioned parties and any director, officer, or employee of IMED, Inc.

REVIEWER REPORT

I have reviewed the records forwarded on the above injured worker and have answered the questions submitted.

Information Provided for Review:

1. Initial encounter notes from Scott & White, Dr. James B. Madison, dated _____, 3 pages.
2. _____ – Radiology report from Scott & White, 1 page.
3. _____ – Jerry James Casselberry, D.O., emergency room assessment, 2 pages.
4. _____ – Emergency room admission, Dr. Bollinger, 1 page.
5. _____ – Scott & White Hospital CT of the head from Dr. Bollinger, 1 page.
6. Scott & White Hospital, dated 02/27/06, radiology report, Dr. Brooks, 3 pages.
7. 02/27/06 – Scott & White Hospital follow-up report, Dr. Madison, 2 pages.
8. 02/27/06 – Facial bone x-ray with Dr. Madsen, 1 page.
9. 03/02/06 – MRI of the brain at Scott & White Hospital, 1 page.
10. 03/06/06 – Scott & White Hospital follow-up visit, 2 pages.
11. 03/15/06 – History and physical for medication management from J. Scott Crockett, D.O., 2 pages.
12. 03/29/06 – Follow-up with Dr. Crockett, 1 page.
13. 04/06/06 – Injury 1 Treatment Center initial behavioral medicine consultation with addendum, 6 pages.
14. 05/03/06 – Follow-up with Dr. Crockett, 1 page.
15. 05/03/06 – Injury 1 Treatment Center behavioral medicine testing results, 4 pages.
16. 05/24/06 – Dr. Crockett follow-up, 1 page.
17. 05/30/06 – Request for preauthorization of six psychotherapy sessions, one per week for six weeks.
18. 06/05/06 – Liberty Mutual preauthorization denial, 2 pages.
19. 06/16/06 – Reconsideration request from Injury 1 Treatment Center, 3 pages.
20. 06/20/06 – Liberty Mutual reconsideration denial, 2 pages.
21. 07/27/06 – Neural psychological evaluation, Julie Duncan, Ph.D., 5 pages.

Clinical History Summarized:

The documentation revealed the employee sustained an injury to her head on ____ while performing her customary duties as an assembler for _____. She had been employed by this company for approximately eight months. The employee stated she was hit by a pole on the right side of her head and felt she blacked out but did not lose consciousness or fall.

The employee was immediately taken to Scott White emergency room where she was evaluated and given medications. A CT and MRI were normal and her facial films were negative. She had been taking pain medications. She developed slow speech, confusion, and dizziness. An MRI revealed no acute intracranial abnormalities. She had seen a neurologist, chiropractor, and an osteopath who stated the employee suffered from severe vertigo.

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There was documentation from Medical Review Institute of America on 06/02/06. The reviewing practitioner, Jerome Schmidt, a psychologist stated that six visits could not possibly have any success. He stated that basically the employee failed malingering tests and stated no further treatment is reasonable or necessary to the injury in question. He also stated that medications were not reasonable or necessary for a bump on the head.

There was another review on 06/19/06 from Medical Review Institute of America by a psychiatrist, Dr. Polsky. He stated that six individual psychotherapy sessions were not medically necessary. He stated the case for factitious disorder and/or malingering is compelling this employee who bumped her head which she states caused a multitude of problems.

There was also documentation from Injury 1 Treatment Centers, and the employee was diagnosed with major depressive disorder. The employee apparently did get hit on the head fairly hard to the point to where it almost knocked her out. Since then, the employee has been suffering from significant problems. When looking at behavioral medicine testing results, this reveals that there is major depressive disorder, closed head injury, that the claimant needed to be monitored for violent ideation, and monitored for suicidal ideation. There needed to be a referral for a psychotropic medicine consultation.

There was a denial by Liberty Mutual Insurance Company, reconsideration letter, and then the final denial.

Disputed Services:

Preauthorization denied for six individual sessions of psychotherapy.

Decision:

Approval of the denied six individual sessions of psychotherapy.

Rationale/Basis for Decision:

It is fairly straight forward, this employee has major depression, has had a head injury, and reports suicidal ideation. The employee also has a pain rating of 8/10 and difficulties with all types of disorders including activities of daily living, interpersonal relationships, self perception, significant sleep disturbance, and various other types of dynamic things going on in her life such as a lack of social support. She is also developing some anxiety, and significant scores were noted on various intake forms including Beck Depression Inventory and Beck Anxiety Inventory. At this point in time, the only way to know if psychotherapy sessions are going to

offer any improvement for the employee is to actually administer them, have outcome assessment, and see if there is improvement from an initial six sessions. At this point in time, there is significant psychological illness that does need to be addressed by a psychologist. The Texas Labor Code clearly can be referenced on this. Treatment which can promote cure or relieve or promote recovery is medically necessary in this situation. As a result, the care in question which is six individual sessions of psychotherapy should be allowed for this claimant.

References:

Texas Labor Code, Occupational Medicine Practice Guidelines, Second Edition, ODG Guidelines, ACOEM Guidelines, and the Medical Disability Advisor.

The rationale for the opinion stated in this report is based on the noted reference materials, record review, as well as the broadly accepted literature to include numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with IMED, Inc. is deemed to be a DWC decision and order.

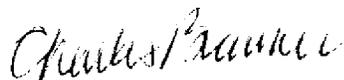
YOUR RIGHT TO REQUEST A HEARING

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, 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 thirty (30) days after the date on which the decision that is the subject of the appeal is final and appealable.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the injured worker via facsimile or U.S. Postal Service this 8th day of August, 2006 from the office of IMED, Inc.

Sincerely,



Charles Brawner
Secretary/General Counsel