

NOTICE OF INDEPENDENT REVIEW DECISION

November 8, 2006

Bridgepoint I, Suite 300
5918 West Courtyard Drive • Austin, TX 78730-5036
Phone 512-329-6610 • Fax 512-327-7159 • www.tmf.org

Requestor

Neuvo Vida Behavioral Health Associates
ATTN: John Fowler
5555 Fredricksburg Road, #102
San Antonio, TX 78229

Respondent

St. Paul Fire & Marine Insurance
ATTN: Jeanne Schafer
1501 S. Mopac Expressway, Ste A320
Austin, TX 78746

RE: Claim #:
Injured Worker: _____
MDR Tracking #: M2-07-0159-01
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, 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 was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work related injury on____ when she fell at work on uneven pavement and landed on her knees and her face breaking her glasses. She had multiple injuries. Since her injury she has undergone numerous diagnostic testing. She has had a comprehensive treatment program that included chiropractic care, therapy, medication, injections, surgery, postoperative rehabilitation, work hardening program and a chronic pain program.

Requested Service(s)

Five sessions of individual psychotherapy

Decision

It is determined that the five sessions of individual psychotherapy are medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that the patient completed only 5 sessions of a chronic pain management program. Since she was unable to complete the entire program due to physical limitations, she was not given the opportunity to benefit from the psychological aspect of the program.

At this point in the patient's life she has chronic pain that that has not resolved and is challenging her coping skills. Her ongoing pain has overwhelmed her ability to cope with various aspects of her life thus leading to a focus on her symptoms and deterioration in her family life and social interaction. She is also experiencing problems with depressive and anxiety symptoms attributed to her vocational situation, pain and financial problems. The patient does have a chronic pain syndrome that can be directly attributed to her on the job injury and needs individual psychotherapy to allow her to appropriately address her current chronic pain.

This decision by the IRO 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.

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

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

Sincerely,
Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

cc: _____, Injured Worker
Program Administrator, Medical Review Division, DWC

<p>In accordance with division Rule 102.4 (h), 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 this 8th day of November 2006. Signature of IRO Employee: Printed Name of IRO Employee:</p>
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Information Submitted to TMF for Review

Patient Name: ____

Tracking #: M2-07-0159-01

Information Submitted by Requestor:

- Justification for Treatment
- Decision Letters
- Insurance Verification/Pre-authorization Form
- Pre-authorization request form
- Initial Diagnostic Screening
- Response to Denial Letter
- Mental Health Evaluation/Treatment Request
- Report of Medical Evaluation
- Report of examination of lumbar spine with flexion and extension
- Report of MRI of the lumbar spine
- Neurological Consultation
- History and Physical by Dr. Gutzman
- Re-evaluation by Dr. Avant
- Consultation by Dr. Meissner
- Office notes from Dr. Gutzman
- Letter from Dr. Delgado regarding Review of Designated Doctor Report
- Psychological evaluation report
- Letter for Attorneys
- Designated Medical Evaluation
- Independent Medical Examination
- Report of x-rays of the lumbar spine
- Physical examination by Dr. Avila
- Progress notes from Dr. Avila
- Psychiatric Evaluation

Information Submitted by Respondent:

- Letter from Travelers
- Table of Disputed Services
- Decision Letter
- Client notes by the insurance carrier