

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
**7502 GREENVILLE AVENUE**  
**SUITE 600**  
**DALLAS, TEXAS 75231**  
**(214) 750-6110**  
**FAX (214) 750-5825**

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December 12, 2006

Re: Medical Dispute Resolution  
MDR# M2-07-0306-01  
DWC#  
Injured Employee: \_\_\_\_\_  
DOI: \_\_\_\_\_  
SS#: \_\_\_\_\_  
IRO Certificate #: IRO5313  
Name of Requestor: Nueva Vida Behavioral Health Care Assoc.  
Name of Provider: Daniel Beltran, D.C.  
Reviewed by: American Board of Psychiatry and Neurology in Psychiatry, and  
American Board of Pain Medicine

**TRANSMITTED VIA FAX TO:**

Medical Dispute Resolution  
TDI-Division of Workers' Compensation  
FAX: 512-804-4868

Dear Nueva Vida Behavioral Health Care Assoc.

In accordance with the requirements for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Southwest Medical Examination Services, Inc. (SMES) for an independent review. In performing this review, SMES reviewed relevant medical records, any documents provided by the parties referenced above, and documentation and written information submitted in support of the dispute.

I am an officer of Southwest Medical Examination Services, 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of psychiatry and pain medicine, and is currently listed on the DWC Approved Doctor List.

## REVIEWER'S REPORT

### Information Provided for Review:

Medical records from the Requestor include:

- Lawrence L. Lenderman, M.D., 08/22/05, 09/14/05, 10/05/05, 02/08/06, 03/20/06,
- J. Thomas Dilger, Jr., M.D., 12/29/05
- San Antonio Diagnostic Imaging, Inc., 04/19/06
- Daniel Beltran, D.C., 04/28/06
- Spine and Orthopaedic Institute, 05/23/06
- Andrea Zuflacht, M.A./Andrea Martinez, M.A., 08/22/06
- Nueva Vida Behavioral Health Associates, 09/13/06
- Jamie Ganc, M.D., 09/20/06

Medical records from the Treating Doctor include:

- Lawrence L. Lenderman, M.D., 08/22/05
- J. Thomas Dilger, Jr., M.D., 12/29/05, 08/16/06
- San Antonio Diagnostic Imaging, Inc., 04/19/06
- Charles F. Xeller, M.D., 04/26/06

Medical records from the Respondent:

- Methodist Specialty and Transplant Hospital, 08/22/05
- Lawrence L. Lenderman, M.D., 08/22/05
- J. Thomas Dilger, Jr., M.D., 08/16/06
- Kyle Babick, Ph.D., 09/08/06
- Peggy Steed, L.V.N., 09/08/06
- Jamie Ganc, M.D., 09/20/06
- Matthew Lambert, Ph.D., 09/22/06
- JoAnne Harrison, L.V.N., 09/22/06
- LaTreace E. Giles, R.N., 11/28/06

### Clinical History:

The patient had a compound fracture with open reduction and internal fixation with postoperative infection. The patient went through extensive physical therapy and rehabilitation. The patient received a 4% impairment on August 16, 2006.

The patient was seen by Dr. Ganc, a psychiatrist, on September 20, 2006. He documented the

patient's leg injury. He referred to the presence of moderate depression. He reportedly drank a twelve-pack of beer during the weekend. He was diagnosed with a major depressive disorder and an anxiety disorder. Treatment recommendation was 20 days of a chronic pain management program.

Individual psychotherapy was requested by licensed professional counselor Andrea Zuflacht.

**Disputed Services:**

Eight Sessions of Individual Psychotherapy.

**Decision:**

Eight sessions of individual psychotherapy is not reasonable or necessary.

**Rationale:**

The treatment plan is not consistent with the treatment for a major depressive disorder. Specifically, the combination of individual psychotherapy with medication management concurrent with employment is the treatment for a major depressive disorder. The documentation does not support the diagnosis of a major depressive disorder nor does it support an optimal treatment plan. Furthermore, there is conflicting recommendations for treatment between the psychiatrist and the licensed professional counselor. American Psychiatric Association treatment guidelines for depression [http://www.psych.org/psych\\_pract/treatg/pg/Depression2e.book.cfm](http://www.psych.org/psych_pract/treatg/pg/Depression2e.book.cfm)

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 Southwest Medical Examination Services, Inc. is deemed to be a Commission decision and order.

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### **YOUR RIGHT TO REQUEST A HEARING**

If you are unhappy with this decision, you may seek judicial review of the decision. (Texas Labor Code, 413.031k) To seek such an appeal, a petition for judicial review must be filed with the Travis County District Clerk's Office in Austin, Texas not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. (Subchapter G, Chapter 2001, of the Texas Government Code) Neither the Department of Insurance nor the Division of Workers' Compensation is considered a party to the medical dispute in a judicial review. You may wish to consult with an attorney of your choice to assist you in filing an appeal. The Division of Workers' Compensation cannot assist or provide legal advice to you in this matter."

In accordance with Commission Rule 102.4(b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 12<sup>th</sup> day of December 2006.

Sincerely,

Thomas P. Anderson  
Southwest Medical Examination Services, Inc.