

RYCO MedReview

DETERMINATION OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0423-01
NAME OF REQUESTOR: Integra Medical Group
NAME OF PROVIDER: Darren Howland, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
Examiners
IRO CERTIFICATION NO: IRO 5345
DATE OF REPORT: 12/21/06

Dear Integra Medical Group:

RYCO MedReview has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5345). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to RYCO MedReview for an independent review. The reviewing physician selected has performed an independent review to determine if the adverse determination was appropriate. In performing this review, the reviewing physician 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.

This case was reviewed by a health care professional or physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of RYCO MedReview 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 the provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the

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treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

A psychosocial assessment evaluation with Susana Nohl, L.C.S.W. dated 09/13/06

A prescription from Andrew B. Small, III, M.D. dated 09/29/06

A letter of adverse determination from Irelyn Arana, R.N. at SRS dated 10/05/06

A letter of appeal from Dr. Small dated 10/10/06

Another letter of appeal from Darren Howland, D.C. dated 10/16/06

A letter of non-authorization from Keith Young, R.N. dated 10/17/06

A statement of disputed issues for an IRO dated 10/21/06

Clinical History Summarized:

On 09/13/06, Ms. Nohl recommended eight individual therapy sessions. On 09/29/06, Dr. Small also recommended individual therapy. On 10/05/06, Ms. Arana wrote a letter of adverse determination for the individual therapy. On 10/16/06, Dr. Howland wrote a letter of appeal for the individual psychotherapy. On 10/17/06, Mr. Young wrote a letter of non-authorization for the individual psychotherapy.

Disputed Services:

Eight sessions of individual psychotherapy

Decision:

I agree with the requestor. The eight sessions of individual psychotherapy would be reasonable and necessary.

Rationale/Basis for Decision:

Yes. Based upon the provided documentation, the request for the psychotherapy sessions made by the surgeon who would be performing the procedure, Dr. Andrew Small, he feels the

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individual psychotherapy sessions would be necessary and provide a better outcome with regard to the patient's expectations to surgical intervention. Therefore, he found it to be medically reasonable and necessary. Several studies cited by Dr. Holland also indicate that early intervention in key areas of behavioral treatment concern by a qualified mental health provider are critical in reducing the time missed from work, it assures proper patient expectations for surgery, and other treatment concerns, which would fall exactly in line with this patient's condition. Therefore, my find is for allowing the eight sessions of individual psychotherapy for this patient.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes 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 RYCO MedReview is deemed to be a Division 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 (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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

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

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 12/21/06 from the office of RYCO MedReview.

Sincerely,

Amanda Thomas
Secretary/General Counsel