



SENT TO: Texas Department of Insurance  
Health & Workers' Compensation Network Certification & QA  
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P.K. Stanton, DO  
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01/19/07

RE: IRO Case #: M2.0510.07  
Name: \_\_\_\_\_  
Coverage Type: Workers' Compensation Health Care - Non- network  
Type of Review:  
     Preauthorization  
     Concurrent Review  
     Retrospective Review  
Prevailing Party:  
     Requestor  
     Carrier

ZRC Medical Resolutions, Inc. (ZRC) has been certified, IRO **Certificate #5340** by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to ZRC for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

ZRC has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, ZRC reviewed the medical records and documentation provided to ZRC by involved parties.



This case was reviewed by an M.D., Board Certified in Psychiatry & Neurology. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of ZRC, I certify that:

1. there is no known conflict between the reviewer, ZRC and/or any officer/employee of ZRC with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on 01/19/07.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Jeff Cunningham, D.C.  
President/CEO



**MEDICAL  
RESOLUTIONS**  
REVIEWER REPORT  
M2 07 0510 01



**DATE OF REVIEW:** 01/15/07

**IRO CASE #:** M2-07-0510-01

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

M.D., Board Certified in Psychiatry and Neurology

The disputed services in this case have to do with the request for another 4 sessions of individual counseling. These are described as occurring 1 time a week for 4 weeks.

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

Review of the entire case including those records that are available from her pain management people as well as various consultants and the primary care physician.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is an approximately 47-year-old female whose date of injury was \_\_\_\_\_. This apparently was a lifting injury. The patient underwent numerous treatments for her low back problems and lower extremity pain as well as problems of anxiety and depression. The patient has undergone apparently 2 lumbar surgeries, neither of which were successful. The patient has also undergone some individual psychological therapies in the form of individual counseling, which apparently were not of much benefit at the time.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

Review of the entire case including those records that are available from her pain management people, as well as various consultants and the primary care physician, would suggest that this patient has never been well controlled in terms of her chronic pain. Also



there is considerable evidence that she is not adapting well to this. The patient has been on multiple medications, which include psychotropic medications. In spite of efforts made, the patient, as indicated, has failed to respond adequately. As a result, she remains considerably disabled. The scope of the discussion today is limited to her need for individual counseling, although significant consideration should be afforded her lack of response or poor response to pain intervention in the past. It has been my long-standing opinion that any comprehensive pain management program is best performed with the adjunctive therapy of psychological and/or psychiatric care as the two problems, chronic unrelieved pain and secondary responses to this, anxiety and depression, are always closely related. As such, they often require attention in each sphere.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)