

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-07-0622-01
Name of Patient:	
Name of URA/Payer:	Transcontinental Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	Alta Vista Healthcare
Name of Physician: (Treating or Requesting)	Donald Dutra, MD

January 23, 2007

An independent review of the above-referenced case has been completed by a physician board certified in neurology. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

January 23, 2007
Notice of Independent Review Determination
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Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: _____
Alta Vista Healthcare
Donald Dutra, MD
Division of Workers' Compensation

RE: ____

DOCUMENTS REVIEWED

- Records from Donald Dutra, MD;
- Records from Annabel Menchaca, MS, LPC;
- Records from Southwest Texas Methodist Hospital;
- Records from Paul D. Lifland, MD;
- Records from Enrique C. Almaguer, MD;
- Correspondence from Law Offices of Jeffrey M. Lust; and
- Medical review from Concentra.

CLINICAL HISTORY

A 53-year-old male injured on ____ apparently holding a stake. A co-worker hit this stake with a sledgehammer which hit the patient's right hand. He had significant trauma to the right hand. He underwent emergency surgery on 1/20/06 with amputation of the right third digit (middle finger) at the MCP joint and had extensive debridement of the right second digit (index finger) and fourth digit (ring finger). He had immediate pain and has continued to have pain. He underwent EMG/NCV by Dr. Dutra on 4/13/06. He has consulted with Dr. Almaguer. He underwent plastic reconstructive surgery on his right hand in September 2006. On treatment summary by Alta Vista of 11/1/06, he continues to report pain at 7/10. BDI has gone from 19 to 0 and BAI has gone from 11 to 1. On initial behavioral medicine consultation by Alta Vista on 7/31/06, Mr. ____ did, however, report change in self-perception, lack of control in his life, feels of worthlessness, diminished ability to concentrate, psychomotor agitation, insomnia, depression, and anhedonia.

REQUESTED SERVICE(S)

90901-biofeedback psychophysiological profile assessment with four modalities (EMG, PNG, temp, and SC/GSR).

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

It is felt that this treatment in isolation is highly unlikely to be successful for several reasons. The patient obviously has a chronic pain syndrome. Usage of this modality in isolation, as reported by

RE: ____

previous reviewers is not felt to be of sustained benefit. If the patient has endorsed symptoms suggestive of a chronic pain syndrome, standard of care would direct that combination of this treatment in a multidisciplinary behaviorally based pain program would be much more likely to be of assistance to this patient.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider and 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.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with 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 24th day of January, 2007.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell