



Medical Review Institute of America, Inc.

America's External Review Network

SENT TO: Texas Department of Insurance

Health & Workers' Compensation Network Certification and QA

Division (HWCN) MC 103-5A

Via E-mail [IRODecisions@tdi.state.tx.us](mailto:IRODecisions@tdi.state.tx.us)

Injured Employee

SENT VIA MAIL

Provider

RUBEN PECHERO,

C/O NICK KEMPISTY FOR DR PECHERO

SENT VIA FAX

FAX # 214-943-9407

Other Provider

FLAHIVE, OGDEN AND LATSON

C/O KATIE FOSTER

SENT VIA FAX

FAX # 512-867-1733

February 27, 2007

RE: IRO Case #:M2-07-0749-01

Name: \_\_\_

Coverage Type: Workers' Compensation Health Care (Non-network)

Type of Review: prospective

Medical Review Institute has been certified, certification number 5278, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to the IRO for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

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

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

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This case was reviewed by a Psychiatrist. 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), 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 Medical Review Institute of America I certify that:

1. There is no known conflict between the reviewer, the IRO and/or any officer/ employee of the IRO 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 February 27, 2007.

#### Right to Appeal

You have the right to appeal the decision by seeking judicial review. The decision of the IRO 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 a 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,

Case Analyst: Raquel G ext 518

Case Fulfillment Specialist

#### Attachments

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DATE OF REVIEW: February 27, 2007

IRO Case #: M2-07-0749-01

**Description of the services in dispute:**

Individual counseling sessions times four (4) sessions.

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician who provided this review is board certified in Psychiatry and Neurology with added qualifications in Geriatric Psychiatry. This reviewer is a member of the American Medical Association, the American Psychiatric Association, and a member of their state and local medical Association/Society. This reviewer has been in active practice since 1989.

**Review Outcome**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Individual Counseling sessions times four (4) sessions are not medically necessary.

**Information provided to the IRO for review**

**Records received from the state:**

Notification of IRO assignment dated 1/12/07 4 pages

Table of disputed services dated 1/12/07 1 page

Notice of Preauthorization dated 11/13 and 11/28/2006 3 pages

Letter from Attorney dated 2/12/2007

**Records received from Flahive Ogden & Latson:**

Letter to MRIOA dated 2/12/07 2 pages

Letter to TDI dated 2/12/07 2 pages

Medical dispute resolution request undated 3 pages

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**Patient clinical history [summary]**

There is virtually no clinical information submitted. The request is for 4 individual counselling sessions. According to the extremely limited information provided, the patient's treatment has been sporadic. No additional information is provided pertaining to diagnosis or treatment. Apparently he was on no medications.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

There is insufficient information provided to establish medical necessity for the request for four individual therapy sessions

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ACOEM Guidelines

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