October 30, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ___
DWC #: ___
MDR Tracking #: M2-07-0075-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed PhD/LPC with a specialty in counseling. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Ms. ___ is a 52-year-old female who is married and has four children. She was employed by when she was injured on ___. She was helping another employee move a dresser and felt a painful crack in her spinal column that turned out to be an injury to several disks in her low back, her neck, and a shoulder injury. Surgeries were required to repair her shoulder, low back, and neck. She complains of severe chronic pain. She is not working.

She reported pain when sitting, standing, bending, squatting, looking up, and lying on her left side. She has decreased abilities to participate in family and social activities. She has many difficulties getting to sleep, staying asleep, and sleeping in.

Ms. ___ reported symptoms of minimal depression and anxiety as well as a sense of loss at being unable to work and contribute financially to her family.

RECORDS REVIEWED

Review Determination requested by Dr. Daved M. Hirsch, MD on 01/15/04; Initial Comprehensive Evaluation Note by Dr. S. Ali Mohamed, MD on 08/16/04; Initial Evaluation Report by Dr. John Wootae, DC on 08/23/04; Follow-up Note by Dr. S. Ali Mohamed, MD on 09/08/04; Follow-up Note by Dr. S. Ali Mohamed, MD on 11/01/04; Review Determination requested by Dr. S. Ali Mohamed, MD on 11/09/04; Review Determination requested by Dr. S. Ali Mohamed, MD on 12/08/04; Chest X-Ray Impression by Dr. Gregory Wojcik, MD on 03/09/05; Follow-Up Note by Dr. Rolando F. Rodriguez, MD on 05/16/05; Review Determination requested by Dr. S. Ali Mohamed, MD on 05/24/05; Initial Comprehensive Evaluation Note by Dr. Eddie Cerday, MD on 08/10/05; Review Determination requested by Dr. Eddie Cerday, MD on 08/16/05; Follow-Up Note by Dr. Eddie Cerday, MD on 08/31/05; Follow-Up Note by Dr. Eddie Cerday, MD on 09/21/05; Follow-Up Note by Dr. Eddie Cerday, MD on 10/12/05; Follow-Up Note by Dr. Eddie Cerday, MD on 11/23/05; Follow-Up Note by Dr. Eddie Cerday, MD on 12/21/05; Pelvic Ultrasound by Dr. Claire McKay, DO on 12/30/05; Follow-Up Note by Dr. Eddie Cerday, MD on 01/25/06; Follow-Up Note by Dr. Eddie Cerday, MD on 02/20/06; Follow-Up Note by Dr. Eddie Cerday, MD on 03/15/06; Diagnostic Interview and Treatment Plan by Daniel Hernandez, LCSW on 03/28/06; Review Determination requested by Dr. Deann Ware, Ph.D. on 04/04/06; Review Determination requested by Dr. Deann Ware, Ph.D. on 05/03/06; Follow-Up Note by Dr. Eddie Cerday, MD on 05/17/06; Follow-Up Note by Dr. Eddie Cerday, MD on 06/28/06; Physical Findings Summary by Dr. Eddie Cerday, MD on 07/10/06; Review Determination requested by Dr. Eddie Cerday, MD on 07/13/06; Review Determination requested by Dr. Deann Ware, Ph.D. on 07/20/06; Preauthorization review by UniMed Direct LLC on 07/25/06; Operative Report by Dr. Eddie Cerday, MD on 07/28/06; Review Determination requested by Daniel Hernandez, LSW on 08/09/06; Follow-Up Note by Dr. Eddie Cerday, MD on 08/09/06; Appeal of Adverse Determination by UniMed Direct LLC on 08/14/06; Review Determination requested by Dr. Eddie Cerday, MD on 08/24/06; Review Determination requested by Dr. Julio Regalado, MD on 08/24/06; Operative Report by Dr. Eddie Cerday, MD on 09/01/06; Follow-Up Note by Dr. Eddie Cerday, MD on 09/12/06; Follow-Up Note by Dr. Eddie Cerday, MD on 09/13/06.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of 4 sessions of individual counseling (90806).

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that Ms. ___ reported symptoms of minimal depression and anxiety on the Beck Depression Inventory and Beck Anxiety Inventory. However, pain symptoms can contribute to the minimal depression and anxiety scores. No indication was provided to determine that the chronic pain and sleep difficulties were not the only contributors to the positive results.

REFERENCES

American Psychological Association. (1985). Standards for educational and psychological testing (rev.). Washington, DC: Author.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that 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.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 30th day of October, 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli