



NOTICE OF INDEPENDENT REVIEW DECISION

December 1, 2006

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Phone 512-329-6610 • Fax 512-327-7159 • www.tmf.org

Requestor

Texas Health  
ATTN: James Odom  
5445 La Sierra Dr., #204  
Dallas, TX 75231

Respondent

Bankers Standard Insurance Company  
c/o ACE USA/ESIS  
ATTN: Javier Gonzalez  
Fax#: (214) 692-6670

RE: Claim #: \_\_\_\_\_  
Injured Worker: \_\_\_\_\_  
MDR Tracking #: M2-07-0279-01  
IRO Certificate #: IRO4326

TMF Health Quality Institute (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) has assigned the above referenced case to TMF for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, 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 was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in Chiropractic Medicine. The TMF physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and the provider, 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. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a work related injury on \_\_\_\_\_. She was pushing groceries into the parking lot, the wheel of the large cart became caught on the uneven surface causing her to fall forward causing multiple injuries. The patient has received diagnostic testing that confirmed her injuries. She has been treated with an aggressive treatment program including chiropractic care, therapy, medication, injections, individual psychotherapy, surgery, and post-operative rehabilitation.

Requested Service(s)

90806-Individual psychotherapy once weekly for six weeks

Decision

It is determined that the 90806-Individual psychotherapy once weekly for six weeks is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record documentation indicates that gains were made in prior psychotherapy and biofeedback. There is mention in the records that the gains from the psychotherapy were "lost" after surgery and she needed additional psychotherapy. She made gains during her previous course of individual psychotherapy and the fact that she had surgery and post-operative rehabilitation should lead to an improved level of functioning and should not have led to a loss of any previous gains from previous psychotherapy. There is no objective findings provided that demonstrate she would benefit from additional psychotherapy.

The medical record documentation does not substantiate the necessity for individual psychotherapy once weekly for six weeks. At this point she can utilize what she learned in her therapy program, her psychotherapy and biofeedback training to allow her to be released to a home program and to return to work in her required job classification.

This decision by the IRO is deemed to be a DWC decision and order.

**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.

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Department of Insurance, Division of Workers' Compensation, P.O. Box 17787, Austin, Texas, 78744, Fax: 512-804-4011.

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

Sincerely,  
Gordon B. Strom, Jr., MD  
Director of Medical Assessment

GBS:dm  
Attachment

cc: \_\_\_\_\_, Injured Worker  
Program Administrator, Medical Review Division, DWC

In accordance with division 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 1st day of December 2006.

Signature of IRO Employee:  
Printed Name of IRO Employee:

**Information Submitted to TMF for Review**

Patient Name: \_\_\_\_

Tracking #: M2-07-0279-01

**Information Submitted by Requestor:**

- Table of Disputed Services
- Behavioral Health Individual Psychotherapy Preauthorization Request
- Adverse Determination Notification
- Appeals Process Description
- Reconsideration Behavioral Health Individual Psychotherapy Preauthorization Request
- Reconsideration Upheld Adverse Determination
- Texas Health Case Information
- Post-Surgical Psychological Evaluation
- Operative Reports
- Independent Review by IRO America Inc.
- Office notes from Dr. Eames
- Office notes from Dr. Reno
- Daily Chiropractic Notes from Dr. Esquibel
- Report of Computed Tomography of the Lumbar Spine
- Report of the Lumbar Myelogram
- Report of the post myelogram CT scan
- Report of the MRI of the left shoulder
- Report of diagnostic testing
- Initial Consultation Report by Dr. Willis
- Pain Management Consultation by Dr. Shah
- Office notes from Dr. Sazy
- Report of the MRI of the lumbar spine
- Procedure report for epidural steroid injections

**Information Submitted by Respondent:**

None