



Specialty Independent Review Organization, Inc.

December 12, 2006

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0386-01  
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 Doctor of Philosophy/Licensed Professional Counselor 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

Mr. \_\_\_\_ was injured on the job on \_\_\_\_ at \_\_\_\_ . He and another employee were carrying a 300 lb. pipe, the floor was wet and Mr. \_\_\_\_ slipped and fell as he felt a sharp pain in his low back and left side. Mr. \_\_\_\_ filled out an accident report the next day, and was then sent to the company doctor who diagnosed a pulled muscle and signed him out of work for at least 3 months.

Mr. \_\_\_\_ reported that the pain was very consuming, so workers compensation referred him to a specialist who had then taken him permanently off of the job. The patient was diagnosed with herniated disc in lower back, lumbar nerve root injury, and lower extremity radicular symptoms. Since the injury, the patient has been going to various doctors' appointments and has not worked.

The treatment Mr. \_\_\_ has had for the injury includes: MRI on 4/8/05 showed multilevel disc pathology with minimal enhancing epidural fibrosis, CAT scan on 1/7/2006 showed multi disc pathology, ultrasound, massage therapy, stretching, heat, ice, topical analgesics, counseling and biofeedback. He is also taking several medications related to this injury.

Mr. \_\_\_'s current physical complaints are numbness in right and left leg, and severe pain, while his current mental complaints are depression/anxiety, and stated that it feels like something is always crawling on him. He reported sleep difficulties due to discomfort related to pain causing him to sleep in 1-2 hour increments. Sleep deprivation has resulted in extreme fatigue, memory problems, and mood depression. The clinician noted Mr. \_\_\_ bracing, grimacing, complaining, shifting and walking with a cane. Mr. \_\_\_ stated that walking, standing, sitting in hard chairs, and changes in weather make his pain worse. He reported that his pain level is 6/10 with medication. He reported depressed emotions and increased irritability in response to the changes in his life.

Mr. \_\_\_ stated that factors in his personal life not injury related contribute to symptomology of depression and irritability. He is trying to get custody of his son, who he has not seen since September 2005. He lives with his parents, whom he describes as very irritable, and is not in a relationship. His maladaptive coping strategies include smoking, high stress and being socially withdrawn.

#### RECORDS REVIEWED

Psychological Evaluation by Desirae Valadez, LPC-I	08/08/2006
Pre-Certification for Counseling Services by Desirae Valadez, LPC-I	08/20/2006
Adverse Determination Notice by Irelyn Arana, RN-UR	08/25/2006
Request for Appeal of Counseling Services by Desirae Valadez, LPC-I	09/14/2006
Adverse Determination for Reconsideration by Desirae Valadez, LPC-I	09/22/2006

#### REQUESTED SERVICE

The requested services include four sessions of individual counseling.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

Mr. \_\_\_ work related injury occurred over 11 years ago. His reports of depression and social withdrawal are common sequelae of inadequate sleep, high stress, and social concerns. Counseling has been provided in the past related to this injury, yet Mr. \_\_\_ has so far been unable or unwilling to make the necessary behavioral changes in his life nor have psychotropic medications been utilized.

## REFERENCES

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

Frank, R. G. & Elliott, T. R., Eds. (2000). Handbook of Rehabilitation Psychology. Washington, DC: American Psychological Association.

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 12<sup>th</sup> day of December 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**