

April 15, 2005

VIA FACSIMILE
Trinity Injury & Pain Center
Attn: Nick Kempisty

VIA FACSIMILE
Dallas Area Rapid Transit
C/o Ace USA/ESIS
Attn: Javier Gonzalez

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-1109-01
TWCC #:
Injured Employee:
Requestor: Trinity Injury & Pain Center
Respondent: Dallas Area Rapid Transit c/o Ace USA/ESIS
MAXIMUS Case #: TW05-0044

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a female who sustained a work related injury on ____ The patient reported that while at work she began experiencing pain in the right upper extremity and right wrist. An EMG/NCV performed on 12/30/03 revealed a normal study. The patient has undergone steroid injections of the carpal tunnel with temporary relief, and on 3/2/04 the patient underwent a left carpal tunnel release for the preoperative diagnosis of left carpal tunnel syndrome. Postoperatively the patient was treated with physical therapy and returned to work with

restrictions. The patient was then treated with individual counseling sessions regarding her pain and subsequently has been recommended for a chronic pain management program for continued treatment of her condition.

Requested Services

Chronic Behavioral Pain Management Program times 10 sessions.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. EMG Report 12/30/03
2. Operative Note 2/2/04
3. Office Consultation and Treatment Notes 3/15/04 – 4/23/04
4. Evaluation 5/28/04
5. Progress Notes 7/13/04 – 11/8/04
6. Physical Performance Exam 12/20/04

Documents Submitted by Respondent:

1. No documents submitted

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a female who sustained a work related injury to her right upper extremity and right wrist on _____. The MAXIMUS physician reviewer also noted that has been treated with a right carpal tunnel release, steroid injections of the carpal tunnel, and physical therapy. The MAXIMUS physician reviewer further noted the patient has also undergone individual counseling sessions regarding her pain and has been recommended for a chronic pain management program for continued treatment of her condition. The MAXIMUS physician reviewer indicated that the documentation does not support the requested services. The MAXIMUS physician reviewer explained that there were no physical exams or diagnoses to support the necessity of the requested program. The MAXIMUS physician reviewer indicated also explained that in the absence of a diagnosis of complex regional pain syndrome type 1 or 2, the treatment of pain is not evidence based. Therefore, the MAXIMUS physician consultant concluded that the requested Chronic Behavioral Pain Management program times 10 sessions is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department

cc: Texas Workers Compensation Commission
Ms. ____

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 15th day of April 2005.

Signature of IRO Employee: _____
External Appeals Department