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HELPING GOVERNMENT SERVE THE PEOPLE

May 4, 2005

VIA FACSIMILE
Valley Total Healthcare Systems
Attn: Nick Kempisty

VIA FACSIMILE
Facility Insurance
C/o FOL
Attn: Katie Foster

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-1219-01
TWCC #:
Injured Employee:
Requestor: Valley Total Healthcare Systems
Respondent: Facility Insurance c/o FOL
MAXIMUS Case #: TW05-0070

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 anesthesiology 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 male who sustained a work related injury on ___. The patient reported that while at work on a farm he injured his lower back lifting a metal pipe. The current diagnoses for this patient include post laminectomy syndrome of lumbar region and lumbosacral neuritis or radiculitis, unspecified. Treatment for this patient's condition has included surgery, epidural steroid injections, medications, and a spinal column stimulator. The patient has continued

complaints and a chronic pain management program times 10 sessions have been recommended for further treatment of this patient's condition.

Requested Services

Chronic Pain Management times 10 sessions.

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

Documents Submitted by Requestor:

1. Follow Up Visit Notes 5/17/04 – 9/20/04
2. Evaluation 9/30/04
3. Mental and Behavioral Health Consultation & Progress Notes 11/2/04 – 11/15/04

Documents Submitted by Respondent:

1. Request for Reconsideration 2/19/05
2. Pre-Certification 2/9/05

Decision

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

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a 50 year-old male who sustained a work related injury to his back on ___. The MAXIMUS physician reviewer indicated that the diagnoses for this patient have included post laminectomy syndrome of the lumbar region and lumbosacral neuritis/radiculitis. The MAXIMUS physician reviewer noted that treatment for this patient's condition has included surgery, medical therapy, epidural steroid injections, and insertion of spinal cord stimulator. The MAXIMUS physician reviewer also noted that that patient has been attending a chronic pain management program and additional sessions (10) have been requested for continued treatment of his chronic pain condition. The MAXIMUS physician reviewer explained that the patient has a work related chronic pain condition and has had a positive response to the chronic pain program. The MAXIMUS physician reviewer noted that the patient's subjective pain has been reduced to 6/10 from an 8/10 and that he demonstrated an increase in his social and occupational functioning. The MAXIMUS physician reviewer explained that an additional 10 session of a chronic pain management program would be appropriate and medically indicated to ensure long term success. Therefore, the MAXIMUS physician consultant has concluded that the requested chronic pain management times 10 sessions are 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
Mr. ___

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 4th day of May 2005.

Signature of IRO Employee: _____
External Appeals Department