

May 6, 2005

VIA FACSIMILE  
Positive Pain Management  
Attn: Helena

VIA FACSIMILE  
Facility Insurance Corp.  
Attn: Katie Foster

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-05-1386-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: Positive Pain Management**  
**Respondent: Facility Insurance Corp.**  
**MAXIMUS Case #: TW05-0077**

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 as a ranch hand he injured his back when he fell from his horse. The patient was initially treated with passive and active treatments and modalities and subsequently underwent a lumbar fusion at the L3-4, L4-5, and L5-S1 levels. A year later the patient underwent hardware removal due to an increase in pain. The patient was further treated with injections and eventually admitted to a multidisciplinary pain management program. The current

diagnoses for this patient include status post lumbar infusion and chronic pain syndrome. An additional 10 sessions of a chronic pain management program has been recommended for further treatment of this patient's condition.

### Requested Services

Chronic Pain Management Program times 10 additional sessions.

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

#### *Documents Submitted by Requestor:*

1. Follow Up Office Visit 6/9/03 - 3/7/05
2. Request for Appeal 2/28/05
3. Positive Pain Management notes 11/2/04 - 2/15/05

#### *Documents Submitted by Respondent:*

1. Notice of Utilization Review Findings 10/4/04, 11/24/04, 12/1/04, 1/24/05, 2/21/05

### 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 male sustained a work related injury to his back on \_\_\_\_\_. The MAXIMUS physician reviewer indicated that the patient was initially treated with passive and active treatments and subsequently underwent spine surgery. The MAXIMUS physician reviewer noted that following surgery the patient underwent hardware removal due to continued pain and that he was further treated with injections and a chronic pain management program. The MAXIMUS physician reviewer explained that the patient continues with pain despite multiple conservative and interventional therapies. The MAXIMUS physician reviewer indicated that the documentation shows that this patient has improved while participating in the chronic pain management program demonstrated by the patient's decreased in pain from a 7/10 to a 6/10, increased functional abilities, and reduced anxiety and depression. The MAXIMUS physician reviewer explained that the patient has no other treatment options available to him. The MAXIMUS physician reviewer also explained that the patient has shown improvement with the chronic pain management program. Therefore, the MAXIMUS physician consultant concluded that the requested additional 10 sessions of a chronic pain management program are medically necessary to treat this patient's condition.

**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

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 6th day of May 2005.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department