

July 6, 2005

VIA FACSIMILE  
Valley Total Healthcare Systems  
Attn: Nick Kempisty

VIA FACSIMILE  
Federal Insurance Company c/o Downs Stanford  
Attn: John Schkade

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-05-1655-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: Valley Total Healthcare System**  
**Respondent: Federal Insurance Company c/o Downs Stanford**  
**MAXIMUS Case #: TW05-0106**

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 psychiatry 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 53-year old female who sustained a work related injury to her lumbar spine on \_\_\_\_\_. The patient reported her injury occurred when a forklift hit her chair throwing her against pallets. She also reported that she experienced back pain and radiating pain down both legs. The diagnoses for this patient include lumbar disc syndrome, lumbar radiculopathy, pain in joint, myospasms, ligamentous laxity, thoracic subluxation complex. She has been treated with physical therapy and surgery (6/28/04). A chronic behavioral pain management program has been recommended for treatment of her condition.

### Requested Services

Chronic behavioral pain management program (10 sessions).

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

#### *Documents Submitted by Requestor:*

1. Request for reconsideration 3/18/05
2. Functional capacity evaluation 2/16/05
3. Chiropractic clinic notes 1/20/03-12/5/03
4. Valley Total Healthcare Systems Evaluation 3/1/05

#### *Documents Submitted by Respondent:*

1. Precertification request for chronic behavioral pain management program 3/8/05
2. Precertification request determination 3/15/05
3. Request for reconsideration 3/18/05

### Decision

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

### Rationale/Basis for Decision

The MAXIMUS physician reviewer indicated that this 53-year old woman has chronic persistent low back pain and bilateral leg pain secondary to an injury at work. The MAXIMUS physician reviewer noted that radiculopathy, disc syndrome and other physical impairments and restrictions are well documented. The MAXIMUS physician reviewer explained that her condition is likely chronic in nature and refractory to further surgery, physical therapy, or other approaches. The MAXIMUS physician reviewer also noted the behavioral pain management program employs cognitive behavioral, physical coping skills and a multidisciplinary approach along with assisting the patient to cope with her pain and physical limitations. The MAXIMUS physician reviewer indicated that this program could effectively treat all of her problems as it is focused on giving her skills she currently lacks. (APA Practice Guidelines to the Treatment of Psychiatric Disorders, Compendium.)

Therefore, the MAXIMUS physician reviewer concluded that the requested chronic behavioral pain management program (10 sessions) is medically necessary for the patient 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**

Lisa Gebbie, MS, RN  
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 July 2005.

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