

June 15, 2005

VIA FACSIMILE
Advantage Healthcare Systems
Attn: Nick Kempisty

VIA FACSIMILE
FICA
Attn: Robert Josey

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-1752-01
TWCC #:
Injured Employee:
Requestor: Advantage Healthcare Systems
Respondent: FICA
MAXIMUS Case #: TW05-0113

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 he was driving his semi truck when it overturned and partially ejected him out the windshield. The emergency room diagnoses included multiple trauma with multiple contusions over the abdomen, subarachnoid hemorrhage over the right tentorium, altered mental status secondary to closed head injury, rule out intrathoracic injury and rule out intra-abdominal or pelvic injury. The patient has been diagnosed with a supratentorial hemorrhage

and has been reported to be experiencing short term memory loss. The patient has continued complaints of pain and has been recommended for a chronic behavioral pain management program.

Requested Services

10 sessions of chronic behavioral pain management.

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

Documents Submitted by Requestor:

1. No documents submitted

Documents Submitted by Respondent:

1. GENEX Progress Report #1-6
2. Emergency Room Note 7/9/04
3. Hospital Records 7/9/05 – 7/14/05

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 60 year-old male who sustained a work related injury to his abdomen, low back and head on _____. The MAXIMUS physician reviewer indicated that the patient has continued short term memory loss and low back pain. The MAXIMUS physician reviewer noted that the patient has undergone medical therapy, physical therapy, and epidural steroid injection therapy for pain control and that he has been recommended to attend a chronic behavioral pain management program. The MAXIMUS physician reviewer also noted that the patient has not undergone a recent cognitive function evaluation to determine the extent of his short term memory loss. The MAXIMUS physician reviewer explained that to obtain the maximal benefits of a chronic behavioral pain management program the patient would need to remember specific cognitive behavioral techniques. The MAXIMUS physician reviewer indicated that a full neuropsychological evaluation to determine whether this patient would achieve significant benefit from the recommended program should be performed. Therefore, the MAXIMUS physician consultant concluded that the requested 10 sessions of chronic behavioral pain management 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

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 June 2005.

Signature of IRO Employee: _____
External Appeals Department