

November 2, 2005

State Office of Risk Management  
Attention: Jennifer Dawson  
VIA FACIMILE

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-06-0172-01**  
**DWC #:**  
**Injured Employee: \_\_\_\_**  
**Requestor: \_\_\_\_**  
**Respondent: State Office of Risk Management**  
**MAXIMUS Case #: TW05-0213**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 which allows for a dispute resolution by an IRO.

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 chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. In addition, the MAXIMUS chiropractor 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 she was leaning on a restroom stall door when the door came unlocked and opened causing her to fall on her back and right side. She also reported that she injured her neck, low back, right elbow, left ankle and left knee. Evaluation and treatment have included MRIs, CT scans, x-rays, nerve conduction studies, chiropractic treatment, medications, surgery and discograms. Diagnoses have included cervical radiculitis, cervicogenic headaches, left knee internal derangement syndrome, right elbow internal derangement syndrome, left ankle internal derangement syndrome, lumbago, spondylosis, and myofascial pain.

## Requested Services

10 additional sessions of chronic pain management.

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

### *Documents Submitted by Requestor:*

1. None Submitted

### *Documents Submitted by Respondent:*

1. Diagnostics Records (MRIs, CT Scans, X-rays, Nerve Conduction Studies) – 4/25/03, 6/16/03, 6/23/03, 7/24/03, 2/18/04, 3/8/04, 5/26/04, 4/20/05, 4/21/03, 5/9/05.
2. Family Practice Records - 4/7/03-5/14/03
3. Chiropractic Records – 5/21/03-8/29/05
4. Consultations – 5/23/03, 5/28/03, 6/9/03, 6/23/03, 7/21/03, 7/28/03, 8/18/03, 9/22/03, 10/20/03, 11/17/03, 12/1/03, 1/6/04, 1/12/04, 2/13/04, 3/22/04, 3/24/04, 4/28/04, 5/24/04, 5/25/04, 6/23/04, 7/6/04, 7/23/04, 7/31/04, 8/13/04, 9/10/04, 10/21/04, 12/7/04, 12/13/05, 12/16/04, 12/24/04, 1/14/05, 1/18/05, 2/9/05, 2/15/05, 2/17/05, 3/1/05, 3/15/05, 3/21/05, 4/11/05, 4/14/05, 4/28/05, 5/9/05, 5/13/05, 6/10/05, 6/13/05, 7/7/05, 7/19/05, 8/10/05, 8/15/05, 8/12/05, 8/19/05,
5. Operative/Procedure Reports – 7/28/03, 10/23/03, 12/4/03, 1/22/04, 1/29/04, 2/5/04, 2/18/04, 6/8/04, 6/10/04, 6/22/04, 7/27/04, 9/27/04, 3/30/05, 4/6/05, 4/13/05,
6. Hospital Records – 9/27/04-9/29/04.
7. Independent Medical Evaluations – 11/18/03, 4/8/04, 12/30/04, 8/13/04.

## Decision

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

## Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

## Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated the patient has a multi-faceted injury that has resulted in chronic pain. The MAXIMUS chiropractor consultant noted she has been deemed at maximum medical improvement with a 9% whole person impairment. The MAXIMUS chiropractor consultant explained that her mental status is as severely effected, as is her physical status. The MAXIMUS chiropractor consultant also indicated she is in need of an organized pain management program to provide her with tools to help her cope with her pain and inability to perform regular activities, which is affecting her mental well being. The MAXIMUS chiropractor consultant noted she will still have limited abilities in her lifestyle and hopefully will return to some type of work. The MAXIMUS chiropractor consultant explained that

the chances of her learning to cope with her pain and possibly returning to employment are enhanced by professional support. The MAXIMUS chiropractor consultant indicated that the requested 10 additional sessions of chronic pain management should give her the tools needed to help her control the pain and lead a more productive life. The MAXIMUS chiropractor consultant explained that pain management is the best choice of treatment at this time. Therefore, the MAXIMUS chiropractor consultant concluded that the requested 10 additional sessions of chronic pain management is medically necessary for treatment of the member's condition.

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department

cc: Division of Workers Compensation

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 2nd day of November 2005.

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