

December 22, 2005

VIA FACSIMILE
Texas Health/Phil Bohart
Attention: James Odom

VIA FACSIMILE
Hartford Underwriters Ins.
Attention: Barbara Sachse

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0287-01
DWC #:
Injured Employee:
Requestor: Texas Health/Phil Bohart
Respondent: Hartford Underwriters Ins.
MAXIMUS Case #: TW05-0232

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. This case was also 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. This physician is board certified in neurosurgery. The reviewers have met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing providers have 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 physician reviewers certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 29-year old female who sustained a work related injury on _____. The patient reported that she sustained a traumatic injury to her cervical spine while lifting trash bags that weighed approximately 65 pounds into a tall trash bin. She reported that she felt a pop in her neck and developed sharp pain in her neck and upper back. Evaluation and

treatment have included chiropractic care, active therapy and rehabilitation, trigger point injections, MRI and x-rays. Diagnoses have included myofascial pain syndrome and Arnold Chiari malformation.

Requested Services

Preauth denied for biofeedback PPA (PNG, TEMP, EMG, SC/GSR).

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

Documents Submitted by Requestor:

1. Functional Capacity Evaluation – 10/26/05
2. Procedure Note – 9/27/05, 10/27/05
3. Chiropractic Records – 4/7/05-11/2/05
4. Review Determination/Notification – 10/7/05, 10/20/05
5. Behavioral Health Records – 9/21/05, 10/12/05, 10/20/05
6. Comprehensive Re-Examination – 8/25/05
7. Diagnostic Studies (X-rays, MRI) – 2/15/05, 4/18/05

Documents Submitted by Respondent:

1. Chiropractic Records – 4/7/05-11/29/05
2. Functional Capacity Evaluation – 10/26/05
3. Procedure Notes – 9/27/05, 10/27/05
4. Review Determination/Notification – 10/20/05
5. Behavior Medicine Records – 9/21/05
6. Comprehensive Re-Examination – 8/25/05
7. Diagnostic Studies (X-rays, MRI) – 2/15/05, 4/18/05

Decision

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

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 injured her neck on _____. The MAXIMUS chiropractor consultant noted she received both active and passive treatments for her injury. The MAXIMUS chiropractor consultant explained she was referred for a behavioral medicine consultation on 9/21/05 in which biofeedback PPA was recommended. The MAXIMUS chiropractor consultant also indicated that from the records, the PPA is to assess her suitability for biofeedback and to obtain a baseline for biofeedback training. The MAXIMUS chiropractor consultant indicated according to the Philadelphia Panel evidence based clinical

practice guidelines on selected rehabilitation interventions for neck pain (Phys Ther. 2001 Pct;81(10):1701-17) was unable to make a recommendation due to insufficient clinical information on the effectiveness of biofeedback treatment of neck pain. The MAXIMUS chiropractor consultant noted that because biofeedback is not medically necessary to treat this patient, the PPA which would be used to test suitability for biofeedback is not medically necessary.

Therefore, the MAXIMUS chiropractor consultant concluded that the biofeedback PPA (PNG, TEMP, EMG, SC/GSR) is not medically necessary for treatment of the member's condition.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). 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. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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 22st day of December 2005.

Signature of IRO Employee: _____
External Appeals Department