

February 9, 2006

VIA FACSIMILE  
Ryan Potter, MD  
Attention: Melanie Gonzalez

VIA FACSIMILE  
City of Corpus Christi  
Attention: Renee Keeney

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-06-0464-01**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: Ryan Potter, MD**  
**Respondent: City of Corpus Christi**  
**MAXIMUS Case #: TW05-0253**

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 physician who is board certified in anesthesiology 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 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 male who sustained a work related injury on \_\_\_\_\_. The patient reported that he sustained injury to his back while pulling a waterline probe from the ground. He reported that he felt sharp pain in his lower back. Diagnoses included radicular pain, back pain, post surgical epidural scar fibrosis, lumbosacral radiculopathy, major depressive disorder and chronic pain. Evaluation and treatment have included injections, surgery, medications, MRIs, EMG/NCV studies, physical therapy and chiropractic services,

## Requested Services

Preauthorization for intrathecal pain pump medication trial.

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

### *Documents Submitted by Requestor:*

1. Request for Appeal – 11/4/05
2. Psychiatric Consultation Report – 2/7/03
3. Pain Management Records – 12/6/02-10/11/05
4. Denial Notifications – 10/18/05, 10/31/05

### *Documents Submitted by Respondent:*

1. Medical Documentation Review – 7/10/05
2. Required Medical Examination – 7/26/00, 7/18/03, 5/19/05
3. The Doctors' Center Records – 3/17/04-3/12/05
4. Peer Review Report – 10/14/04
5. Pain Management Records – 5/18/01-11/23/05
6. Chiropractic Records – 9/6/01-9/15/03
7. Neurology Records – 3/6/01-4/21/04
8. Psychiatric Evaluation Report – 2/7/03
9. Orthopedic Records – 9/1/00-1/17/02
10. Family Practice Records – \_\_\_\_\_-8/28/03
11. Physical Therapy Records – 8/17/00-8/21/01
12. Radiology Reports – 10/13/01-5/7/05

## 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 physician consultant indicated patient was diagnosed with chronic back pain, failed back syndrome, post-surgical epidural scar fibrosis, lumbosacral radiculopathy and depression. The MAXIMUS physician consultant noted the patient had been under the care of a pain management specialist and treatment has included medical therapy, surgery, physical therapy, chiropractic therapy and injection therapy. The MAXIMUS physician consultant explained the patient has a work related chronic pain condition and has failed multiple conservative and interventional therapies. The MAXIMUS physician consultant also indicated the patient continues with back pain and would be a good candidate for interventional pain management despite his history of depression. The MAXIMUS physician consultant noted the

patient requires another intrathecal pain pump medication trial to determine if he can attain significant and sustained pain control with a permanent infusion pump. Therefore, the MAXIMUS physician consultant concluded that the requested intrathecal pain pump medication trial is 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

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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 9<sup>th</sup> day of February 2006.

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