

February 22, 2006

VIA FACSIMILE
Smith County Healthcare System
Attention: Nick Kempisty

VIA FACSIMILE
XL Specialty Insurance Company/FOL
Attention: Katie Foster

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0657-01
DWC #:
Injured Employee:
Requestor: Smith County Healthcare System
Respondent: XL Specialty Insurance Company/FOL
MAXIMUS Case #: TW06-0018

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 psychiatry 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 an adult female who sustained a work related injury on _____. The patient reported that while lifting a panel with another worker, she experienced pain in the low back, genitals, hips and foot. She also reported feeling numbness. Diagnoses included chronic pain syndrome and low back pain with radiculopathy. Evaluation and treatment have included medications, chiropractic adjustments, x-rays, MRIs, nerve conduction tests, physical therapy, massage therapy, exercise therapy, heat/ice therapy and injections.

Requested Services

Additional chronic pain management program X 10 sessions

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

Documents Submitted by Requestor:

1. None submitted

Documents Submitted by Respondent:

1. Determination Letters – 11/23/05, 12/19/05
2. Request for Appeal – 12/8/05
3. Authorization Request – 11/18/05
4. Chiropractic Records – 12/23/05
5. Smith County Evaluation and Weekly Summary – 10/5/05-11/15/05
6. Pain Rehabilitation Program Records – 11/21/05-11/22/05

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 physician consultant indicated there is no evidence of a change in the level of pain during the course of treatment of this patient's condition. The MAXIMUS physician consultant explained that the treating provider indicates the presence of a generalized anxiety disorder but does not cite evidence of a mood disorder despite an elevated score on the Beck Anxiety Inventory (BAI) and treatment with antidepressant medications. The MAXIMUS physician consultant also explained it cannot be established that the previous pain management treatment was beneficial in controlling the patient's pain related to the injury. The MAXIMUS physician consultant noted while the patient's psychiatric status did show improvement, the treating provider did not establish evidence that goals could not be safely and effectively accomplished in the context of a less intensive treatment setting. The MAXIMUS physician consultant indicated that the requested pain management sessions therefore do not appear to be reasonable and necessary based on the information presented for review. (American Psychiatric Association Guidelines for Major Depressive Disorder. American Psychiatric Association. April 2000, Department of Veteran Affairs, Management of Persons with Low Back Pain, November 1998.)

Therefore, the MAXIMUS physician consultant concluded that the requested additional chronic pain management program X 10 sessions 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 22nd day of February 2006.

Signature of IRO Employee: _____
External Appeals Department