

March 9, 2006

VIA FACSIMILE
N. Texas Pain Recovery Center
Attention: Paula Arredondo

VIA FACSIMILE
Dallas Fire Insurance Company
Attention: Steve Backhaus

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0717-01
DWC #:
Injured Employee:
Requestor: N. Texas Pain Recovery Center
Respondent: Dallas Fire Insurance Company
MAXIMUS Case #: TW06-0022

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 an adult female who sustained a work related injury on _____. The patient reported that she was struck on the left shoulder by a gutter at work and fell backwards on her bottom injuring her back and lower extremities. The patient explained that she felt pain in her shoulder. Diagnoses included shoulder contusion, strain, spasms, type 2 acromion, medial meniscal tear, major depression, cervicgia and chronic pain. Evaluation and treatment have included x-rays, MRIs, and EMG, nerve conduction studies, chiropractic care, physical therapy and medications.

Requested Services

Preauthorization request for 80-hours 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. Letter requesting appeal – 2/23/06
2. Record Review – 10/8/05

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 the member was struck on the left shoulder by a gutter at work and she fell backwards injuring her back and left shoulder. The MAXIMUS physician consultant explained that her diagnoses to date include left shoulder contusion, cervicgia, low back pain, knee pain-medial meniscal tear, depression and chronic pain. The MAXIMUS physician consultant noted that evaluations have included x-rays, MRIs and EMG/NCV. The MAXIMUS physician consultant also explained that treatment has included chiropractic care, physical therapy, and medical therapy. The MAXIMUS physician consultant indicated the patient has also completed a 30-day pain management program in 2003 and individual therapy sessions. The MAXIMUS physician consultant noted that at present, 80 hours of chronic pain management has been requested. The MAXIMUS physician consultant also indicated that despite treatment in a chronic pain management program, she continues with significant neck and shoulder pain. The MAXIMUS physician consultant explained she has left shoulder pain, and MRI evidence of a left C5-6 disc herniation with cervical radiculopathy at the C5-6 level by EMG/NCV. The MAXIMUS physician consultant also explained that in addition, there is evidence of a left knee meniscal tear and L5-S1 radiculopathy. The MAXIMUS physician consultant indicated that there is no evidence that she has had a recent neurosurgical evaluation to determine the need for surgical intervention for her cervical process. The MAXIMUS physician consultant also indicated there is no documentation provided indicating that further conservative treatment will result in significant pain relief.

Therefore, the MAXIMUS physician consultant concluded that the requested 80-hours of chronic pain management 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 9th day of March 2006.

Signature of IRO Employee: _____
External Appeals Department