

March 13, 2006

VIA FACSIMILE

Trinity Universal Insurance Company

Attention: Doug Mahon

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0764-01

DWC #:

Injured Employee:

Requestor:

Respondent: Trinity Universal Insurance Company

MAXIMUS Case #: TW06-0020

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 _____. It is not clear from the documentation how the patient incurred the work related injury. A progress note indicated the patient was status post sympathetic nerve block (T1-T2) and reported that her hand was extremely well following the injection. It noted that the pain was significantly better. It explained that she was pain free for a couple of days and then the pain slowly returned. Diagnoses include complex regional pain syndrome type I, left upper extremity. Evaluation and treatment have included a sympathetic nerve block and medications.

Requested Services

Radiofrequency left sympathetic plexus at T1-T2 X 1 injection.

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

Documents Submitted by Requestor:

1. Determination Notice – 12/1/05, 12/19/05
2. Center for Pain Management Notes – 11/22/05

Documents Submitted by Respondent:

1. None submitted.

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 patient injured her left arm/hand and subsequently developed Complex Regional Pain Syndrome (CRPS) of the left upper extremity. The MAXIMUS physician consultant noted that she has been under the care of a pain management specialist and received a T1-T2 sympathetic nerve block. The MAXIMUS physician consultant explained that she reported improvement in the pain in her left hand. The MAXIMUS physician consultant also explained that her pain management specialist recommended radiofrequency of the T1-T2 plexus on the left. The MAXIMUS physician consultant indicated there is not documentation provided necessitating the proposed procedure. The MAXIMUS physician consultant noted that CRPS can be treated with a combination of physical therapy, pharmacologic agents (i.e., corticosteroids, tricyclic antidepressants, anticonvulsants, opioids, and topical agents), sympathetic blocks, regional and neuraxial blockade, and neuromodulation. The MAXIMUS physician consultant explained that sympathetic blocks and with local anesthetic for diagnostic and therapeutic reasons have been used for many years as an integral component of the treatment plan for CRPS. The MAXIMUS physician consultant also explained that patients who derive meaningful relief from diagnostic sympathetic block merit a series of frequent sympathetic ganglion blocks with local anesthetic for several weeks. The MAXIMUS physician consultant indicated that radiofrequency ablation should only be considered if relapse occurs despite repetitive blocks and to date this patient has only received one sympathetic block.

Therefore, the MAXIMUS physician consultant concluded that the requested Radiofrequency left sympathetic plexus at T1-T2 X 1 injection is not medically necessary for treatment of the patient'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 13th day of March 2006.

Signature of IRO Employee: _____
External Appeals Department