

March 8, 2006

VIA FACSIMILE

Bextar County Healthcare Systems
Attention: Nick Kempisty

VIA FACSIMILE

San Antonio ISD/Dean G. Papa & Associates
Attention: Renee C. Keeney

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0827-01

DWC #:

Injured Employee:

Requestor: Bextar County Healthcare Systems

Respondent: San Antonio ISD/Dean G. Papa & Associates

MAXIMUS Case #: TW06-0026

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 working as a cook, she slipped on water hitting her head and back. She also reported that the injury was to her right shoulder, lumbar spine and head. Diagnoses included chronic pain syndrome and major depressive disorder. Evaluation and treatment have included multiple medications, x-rays, MRIs, nerve conduction studies, physical therapy, massage, exercise therapy, injections, electrical stimulation, ultrasound, and individual counseling.

Requested Services

Chronic Behavioral 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. Denial Notices – 12/30/05, 1/18/06
2. Request for Appeal – 1/8/06
3. Preauthorization Request – 12/21/05
4. Employer's First Report of Injury or Illness Form – _____
5. Dennis R. Gutzman, MD Records – 5/14/03-10/20/04
6. Bextar County Healthcare Systems Records – 2/1/05-12/13/05
7. Insurance RME Request – 3/21/03
8. Tri-Star Management Chart Review – 1/17/03
9. Forte Managed Care Peer Review – 8/15/97

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 that the patient has an 11-year history of chronic pain and dysfunction secondary to a work related injury sustained while working as a cook. The MAXIMUS physician consultant explained she has been extensively evaluated and she appears to be refractive to anxiolytics, antidepressants and a wide variety of pain relieving agents, procedures, physical therapy and one on one counseling. The MAXIMUS physician consultant noted that all prior efforts to reduce her now sedentary lifestyle with regressive and ongoing depressive features have failed. The MAXIMUS physician consultant also explained she is being treated by her orthopedic surgeon, but has now been evaluated behaviorally and advised to pursue behavioral health services to help cope and manage her chronic pain syndrome in the lumbar area and shoulders. The MAXIMUS physician consultant indicated that the requested behavioral health services offers a multi-disciplinary, intensely focused approach that is the best option for her almost fixed pain, especially given that other approaches have failed. (American Psychiatric Association Guidelines for the Treatment of Psychiatric Disorders, Compendium, 2002)

Therefore, the MAXIMUS physician consultant concluded that the requested Chronic Behavioral Pain Management Program X 10 sessions 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

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 8th day of March 2006.

Signature of IRO Employee: _____
External Appeals Department