

April 7, 2006

VIA FACSIMILE
Stonebridge Behavioral Health
Attention: Delinda Reid

VIA FACSIMILE
Liberty Mutual Fire Insurance
Attention: Carolyn Guard, RNC

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0987-01
DWC #:
Injured Employee:
Requestor: Stonebridge Behavioral Health
Respondent: Liberty Mutual Fire Insurance
MAXIMUS Case #: TW06-0048

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 male who sustained a work related injury on _____. The patient reported that while pushing a barrel of concrete that was over filled, his back was pulled in a different direction than the rest of his body and he felt pain in his lower back. Diagnoses included adjustment disorder with mixed emotional features, lumbar radiculopathy, and herniated disc. Evaluation and treatment have included x-rays, MRI, EMG/nerve conduction velocity, electrical stimulation, chiropractic treatment, and physical therapy.

Requested Services

Preauthorization for 20 sessions of chronic pain management.

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

Documents Submitted by Requestor:

1. Stonebridge Behavioral Health Records and Correspondence – 12/20/05, 1/24/06, 2/20/06, 2/10/06, 2/13/06, 2/17/06, 2/20/06, 2/21/06
2. Review Determination Notices – 1/12/06, 1/31/06
3. Prescription for Psychological and Rehabilitation Services – 11/30/05
4. Advanced Spinal and Rehabilitation Clinic Records and Correspondence – 10/19/05, 11/30/05
5. Neurosurgery Records and Correspondence – 10/21/05
6. Maximum Medical Improvement and Impairment Rating Evaluation Examination – 10/25/04
7. Diagnostic Studies (e.g., MRI) – 8/24/05
8. Mobile Diagnostics, LLC Records and Correspondence – 8/3/05
9. Summit Neurodiagnostics Physician Reports – 5/4/05-5/5/05

Documents Submitted by Respondent:

1. Peer Review Analysis – 1/12/06, 1/31/06
2. Stonebridge Behavioral Health Records and Correspondence – 12/20/05, 1/24/06, 2/20/06, 2/10/06, 2/13/06, 2/17/06, 2/20/06, 2/21/06
3. Review Determinations Notices – 1/12/06, 1/31/06
4. Prescription for Psychological and Rehabilitation Services – 11/30/05
5. Advanced Spinal and Rehabilitation Clinic Records and Correspondence – 10/19/05, 11/30/05
6. Maximum Medical Improvement and Impairment Rating Evaluation Examination – 10/25/04
7. Neurosurgery Records and Correspondence – 10/21/05
8. Diagnostic Studies (e.g., MRI) – 8/24/05
9. TREK Mobile Diagnostics, LLC Records and Correspondence – 8/3/05
10. Summit Neurodiagnostics Physician Reports – 5/4/05-5/5/05
11. Preauthorization Form – 1/4/06

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 this 50-year old male who had a work related injury on ___ to his L4-L5 and L5-S1 discs with radiculopathy still suffers chronic pain and anxiety secondary to his injury. The MAXIMUS physician consultant explained he is unable to work but is motivated to return to work. The MAXIMUS physician consultant noted he had a minimal 6 sessions of behavioral rehabilitation from January-February 2006, but no more extensive treatment to modify psychological factors contributing to pain management and his sense of disability. The MAXIMUS physician consultant also indicated that his pain is at an average of 5/10 and currently 4/10, which is not severe, but enough to disturb his activities of daily living. The MAXIMUS physician consultant explained that at no time has he been previously evaluated as to why his pain maintenance i.e., contributing background and limited understanding of psyche and soma issues, may be contributing to keeping him in a pain-prone mode. The MAXIMUS physician consultant noted the proposed 20 sessions, both one on one and group centered on examining, modifying, educating and suggesting better pain management techniques on a practical behavioral level is exactly what is required to mobilize this interested and motivated patient who still believes he can be further helped to return to a work status. The MAXIMUS physician consultant also explained that the patient is an excellent candidate clinically, he has not given up yet and needs the full response that 20 intensively focused chronic pain management sessions would provide.

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for 20 sessions of chronic pain management 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 7th day of April 2006.

Signature of IRO Employee: _____
External Appeals Department