

April 7, 2006

VIA FACSIMILE
Bexar County Healthcare Systems
Attention: Nick Kempisty

VIA FACSIMILE
TX Public School WC Project
Attention: Beverly Vaughn

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1031-01
DWC #:
Injured Employee:
Requestor: Bexar County Healthcare Systems
Respondent: TX Public School WC Project
MAXIMUS Case #: TW06-0046

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/moving cafeteria tables, she experienced a twist, snap and burning sensation in her back. Diagnoses included muscle ligamentous strain of the lower back, degenerative disc disease, spinal stenosis, segmental instability, recurrent herniated nucleus pulposus, and bilateral carpal tunnel. Evaluation and treatment have included nerve conduction velocity test, electromyography, a CT scan, an MRI, surgery, and medications.

Requested Services

Preauthorization requested for CPT code 97799-chronic pain management – 10 sessions.

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

Documents Submitted by Requestor:

1. Orthopedic Surgery Records – 6/6/05, 10/17/05
2. Bexar County Healthcare Systems Records – 12/6/05
3. Records from Khym Zarzuela, DO – 12/6/05

Documents Submitted by Respondent:

1. Carrier's Position Statement – not dated
2. Determination Notices – 1/9/06, 1/30/06
3. Orthopedic Records and Correspondence – 2/9/93, 5/3/94, 6/6/05, 10/17/05, 1/18/06
4. Physical Medicine and Rehabilitation Records and Correspondence – 4/12/93
5. Case File Review by Kenneth M. Rosenweig, MD – 4/29/04
6. Hospital Records – 6/24/04
7. Records from Khym Zarzuela, DO – 12/6/05
8. Bexar County Health Systems Records and Correspondence – 12/6/05, 1/17/06

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 that this is a 68-year old female who has severe chronic lumbar-sacral pain secondary to a work related injury and multiple lumbar surgeries and surgical complications. The MAXIMUS physician consultant explained that 10 behavioral pain management sessions were recommended to give her more skills to cope with her pain. The MAXIMUS physician consultant noted there is no evidence of a psychological or psychiatric evaluation or of a trial of antidepressant agents. The MAXIMUS physician consultant also indicated it is unlikely that behavioral pain management would be of clinical benefit for this patient given her age, long history of chronic pain, multiple traumatic surgeries and her lack of response to all treatments to date.

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for CPT code 97799-chronic pain management – 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 7th day of April 2006.

Signature of IRO Employee: _____
External Appeals Department