

May 15, 2006

VIA FACSIMILE
Edinburg Physical Medicine & Rehabilitation
Attention: Margis Olivarez

VIA FACSIMILE
TAX WC Self Insurance Fund/Parker & Associates
Attention: William Weldon

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1040-01
DWC #:
Injured Employee: ____
Requestor: Edinburg Physical Medicine & Rehabilitation
Respondent: TAX WC Self Insurance Fund/Parker & Associates
MAXIMUS Case #: TW06-0075

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 psychiatrist 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 had a work related injury on _____. Records indicate that while at work he injured his back when he sat down and the bottom of the chair fell backward. Diagnoses included lumbago, herniated disc, major depression, pseudoarthrosis of the lumbar spine and grade III spondylolisthesis. Evaluation and treatment has included CT scan, medication, physical therapy, chiropractic services, injections, surgery, and a work hardening program.

Requested Services

Chronic pain management X 30 days.

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

Documents Submitted by Requestor:

1. Edinburg Physical Medicine & Rehabilitation Records and Correspondence – 1/11/06-5/2/06
2. Determination Notifications - 1/19/06, 2/10/06
3. Mental Health Evaluation – 12/21/05
4. Diagnostic Imaging (i.e., CT scan, MRI, x-rays, etc.) – 6/19/02, 6/27/02
5. Neuromuscular Institute of Texas Records –1/6/06

Documents Submitted by Respondent:

1. Edinburg Physical Medicine & Rehabilitation Records and Correspondence – 1/11/06-3/31/06
2. Mental Health Evaluation – 12/21/05
3. Determination Notifications - 1/19/06, 2/10/06
4. Diagnostic Imaging (i.e., CT scan, MRI, x-rays, etc.) – 6/13/02, 6/18/02, 6/19/02, 6/27/02
5. Neuromuscular Institute of Texas Records – 5/16/03-1/6/06
6. JI Specialty Services, Inc. Records – 1/18/06
7. Chiropractic Records – 9/26/02-7/23/03
8. Orthopedic Records and Correspondence – 4/10/03-4/16/04
9. Occupational Therapy Records – 4/15/03-5/16/03
10. Progress Notes – 6/12/02-9/26/02
11. Monzer H. Yazji, MD Records – 10/29/02-2/16/06
12. Report of Medical Evaluation – 2/4/03
13. John P. Obermiller, MD Records and Correspondence – 2/3/05

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 case concerns a 46-year old man with an injury at work from falling through a chair on ___ aggravating a prior work related injury. The MAXIMUS physician consultant also noted he has suffered persistent moderate chronic low back pain and has documented degenerative disc disease and an L4-L5 disc herniation. The MAXIMUS physician consultant indicated he has not responded to all prior treatment attempts,

did not improve and an extensive mental health assessment suggests both chronic depression and anxiety secondary to exacerbating pain. The MAXIMUS physician consultant noted that prior treatment dating to 2004 with Zoloft and one on one psychiatric treatment have failed to help. The MAXIMUS physician consultant explained that the requested treatment is a multidisciplinary, group based, cognitive behavioral and biofeedback, educative approach focused on the relationships between his chronic pain and the role played by his depressive mental state. The MAXIMUS physician consultant noted that evidence exists from many studies that this intensive and group based effort can render him more able to function by managing his pain more intelligently based on newly learned acquired techniques as offered with the 30 day treatment program.

Therefore, the MAXIMUS physician consultant concluded that the requested Chronic pain management X 30 days 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 15th day of May 2006.

Signature of IRO Employee: _____
External Appeals Department