

April 28, 2006

VIA FACSIMILE
Cameron Jackson, DC
Attention: Norma FI

VIA FACSIMILE
Texas Mutual Insurance Company
Attention: Richard Ball

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1089-01
DWC #:
Injured Employee:
Requestor: Cameron Jackson, DC
Respondent: Texas Mutual Insurance Company
MAXIMUS Case #: TW06-0065

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 male who had a work related injury on _____. Records indicate that while removing sheetrock the member fell 10 feet from a ladder hitting his chest, left shoulder, left knee, left arm and wrist. Diagnoses included depression, chondromalacia, chronic pain syndrome, left carpal tunnel syndrome, and rotator cuff tear. Evaluation and treatment has included surgery, medications, physical therapy, EMG studies, and an MRI.

Requested Services

Preauthorization for chronic pain management program 30 sessions, 5XWK-6WKS

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

Documents Submitted by Requestor:

1. Request for Medical Dispute – 4/13/06
2. Request for Reconsideration – 2/27/06
3. Healthtrust Correspondence and Records – 3/30/05-4/10/06
4. Orthopedic Records – 3/22/06
5. Avance Treatment Center Records – 1/10/06-3/28/06
6. Chiropractic Records – 2/2/06

Documents Submitted by Respondent:

1. Churchill Evaluation Center Report – 10/10/05
2. Robert Moreno, MD Report – 10/10/05
3. Impairment Rating Report – 10/10/05
4. Healthtrust Request for Services – 2/9/06
5. Determination Notices – 2/21/06, 3/8/06
6. Orthopedic Progress Note – 3/22/06

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 that this case concerns a 51-year old male who sustained a work related injury on ___ when he fell 10 feet from a ladder injuring his chest, left shoulder, left knee, and left arm and wrist. The MAXIMUS physician consultant noted he has been treated with conservative and interventional therapies and continues with significant daily pain involving his left shoulder, left wrist, and left knee. The MAXIMUS physician consultant also noted he has significant depression as a result of his chronic pain condition. The MAXIMUS physician consultant explained that he would benefit from a chronic pain management program. The MAXIMUS physician consultant indicated he has a chronic pain and complex medical condition that has not responded significantly to the appropriate conservative therapies. The MAXIMUS physician consultant also indicated he has physical and mental impairment greater than expected on the basis of the diagnosed medical conditions and treatment and therefore treatment is required in a structured and supervised setting. The

MAXIMUS physician consultant explained that the chronic pain management program will serve to provide intensive services for addressing the patient's current problems of coping, adjusting, and returning to a higher level of functioning.

Therefore, the MAXIMUS physician consultant concluded that the requested chronic pain management program 30 sessions, 5XWK-6WKS 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 28th day of April 2006.

Signature of IRO Employee: _____
External Appeals Department