

April 27, 2006

VIA FACSIMILE  
Texas Health/Phil Bohart  
Attention: James Odom

VIA FACSIMILE  
Texas Mutual Insurance Company  
Attention: Richard Ball

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-06-1091-01**  
**DWC #:**  
**Injured Employee:**  
**Requestor: Texas Health/Phil Bohart**  
**Respondent: ACE Texas Mutual Insurance Company**  
**MAXIMUS Case #: TW06-0062**

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 pouring concrete, the member slipped and fell sustained a low back injury. Diagnoses included adjustment disorder, spondylolisthesis, lumbosacral neuritis, and displaced lumbar intervertebral disc without myelopathy. Evaluation and treatment has included injections, an MRI scan, an EMG, pain, medications, and a CT lumbar discogram.

## Requested Services

Preauthorization for preoperative psychological testing including MMPI-2, MBMD & BHI-2.

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

### *Documents Submitted by Requestor:*

1. Texas Health Preauthorization Requests – 2/10/06, 3/1/06
2. Determination Notices – 2/14/06, 3/3/06
3. Reconsideration Preoperative Testing Request – 3/1/06
4. Requestor's Position Regarding Preauthorization – 3/1/06
5. Work & Accident Clinic Records – 9/12/05
6. John Milani, MD Records – 2/24/06
7. Pine Creek Medical Center Records – 2/21/06
8. Texas Health Behavioral Medicine Consultation – 11/11/05
9. Diagnostic Studies (e.g., MRI) – 10/3/05

### *Documents Submitted by Respondent:*

1. Pine Creek Medical Center Records – 4/10/06-4/12/06
2. Determination Notices – 2/14/06, 3/3/06, 3/15/06

## 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 44-year old male had a work related injury on \_\_\_ with consequent chronic severe low back pain possibly secondary to MRI findings of a degenerative displaced and desiccated lumbar L5-S1 disc without myelopathy. The MAXIMUS physician consultant noted that on 11/11/05, a behavioral consultation did yield the very obvious finding of an adjustment reaction and poor coping and functioning since his prior injury. The MAXIMUS physician consultant also noted that biofeedback and relaxation training was advised to assist him in managing his pain and regression. The MAXIMUS physician consultant explained that no Axis II personality disorder has been clinically evident in the records or in the lengthy behavioral consultation on 11/11/05. The MAXIMUS physician consultant indicated that the patient has not shown any significant signs of anxiety, depression, major somatizations, or regression secondary to any overt co-morbid psychiatric problem. The MAXIMUS physician consultant also indicated that a specific psychiatric evaluation for a definitive working diagnosis should be considered first with the hope that psychoactive medication might be useful prior to any need to assess him with psychological testing.

(American Psychiatric Association Practice Guidelines to Treatment of Psychiatric Disorders, 2002, Compendium.)

Therefore, the MAXIMUS physician consultant concluded that the requested preoperative psychological testing including MMPI-2, MBMD & BHI-2 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 27th day of April 2006.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department