

May 22, 2006

VIA FACSIMILE
San Antonio Spine & Rehab
Attention: Lori

VIA FACSIMILE
Broadspire on behalf of Zurich American
Attention: Pam Greer

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1307-01
DWC #:
Injured Employee: ____
Requestor: San Antonio Spine & Rehab
Respondent: Broadspire on behalf of Zurich American
MAXIMUS Case #: TW06-0081

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 had a work related injury on _____. The patient had previous lumbar surgery in 1990 that was aggravated on 6/3/04 when he was lifting and stacking a pallet. Diagnoses included depression, anxiety, facet syndrome, myofascial pain syndrome, radiculitis, chronic pain syndrome and posterior disc bulge. Evaluation and treatment have included physical therapy, epidural injections, MRI and medications. .

Requested Services

Preauthorization for 30 sessions of chronic pain management.

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

Documents Submitted by Requestor:

1. San Antonio Spine and Rehabilitation Records and Correspondence – 3/9/05-2/6/06
2. Denial Notifications – 2/24/06, 3/23/06
3. Preauthorization Request – 2/21/06, 3/15/06
4. Reconsideration for Chronic Pain Management – not dated
5. Broadspire Correspondence – 5/11/06
6. Southwest MRI Report – 7/1/04

Documents Submitted by Respondent:

1. None submitted

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 this is a 36-year old male who aggravated a 1990 spinal injury on ___ with resultant chronic lumbosacral pain and radiculopathy, along with reduced functionality and secondary anxiety and depression. The MAXIMUS physician consultant also noted that relevant evidence indicating that prior one on one or group psychiatric treatment efforts to modify his co-morbid problems of anxiety and depression is not detailed in the records. The MAXIMUS physician consultant indicated that we have some data of a report of a mental status examination that was not convincing. The MAXIMUS physician consultant noted that there are no reports of responses to prior conservative therapies or whether proper antidepressants or anxiolytic medications had been tried over time. The MAXIMUS physician consultant indicated that the degree of MRI evidence of disc disease does not suggest great organic pathology. The MAXIMUS physician consultant also indicated that his pain must have a strong psychogenic element, but other attempts at reaching him and teaching him to cope should be given a full trial, including proper medications, etc. The MAXIMUS physician consultant noted that the mental health evaluation of 2/6/06 does not establish any basis to assure that he has a potential to gain and progress from the program at issue. The MAXIMUS physician consultant also noted that the provided report is non-specific and overly generalized which is not sufficient to justify the medical necessity of the requested 30 sessions of chronic pain management.

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for 30 sessions of chronic pain management 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 22nd day of May 2006.

Signature of IRO Employee: _____
External Appeals Department