

July 6, 2006

VIA FACSIMILE
Injury Treatment Center/Phil Bohart
Attention: James Odom

VIA FACSIMILE
TML Intergovernmental/FOL
Attention: Katie Foster

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1489-01
DWC #: _____
Injured Employee: _____
Requestor: Injury Treatment Center/Phil Bohart
Respondent: TML Intergovernmental/FOL
MAXIMUS Case #: TW06-0100

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 reported that while performing his customary duties as a backhoe operator, he was breaking concrete in a gully when his foot slipped on an incline causing him to drop his jackhammer. The patient also reported that while attempting to grab the jackhammer, he felt pain in his neck, shoulder and left elbow. Diagnoses included rotator cuff syndrome, displaced cervical and lumbar vertebral discs without myelopathy, and carpal tunnel syndrome. Evaluation and treatment has

included physical therapy, pain medications, an MRI, surgery, a work hardening program, and injections.

Requested Services

Preauthorization for individual psych 1 X 4

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

Documents Submitted by Requestor:

1. Carrier's Position Statement – 6/8/06
2. Determination Notice – 4/24/06, 4/28/06, 5/12/06
3. Injury 1 Treatment Center Records and Correspondence – 3/7/06, 3/8/06, 5/5/06, 6/20/06
4. Diagnostic Studies (e.g., MRI, x-rays) – 3/26/04, 5/26/04, 6/3/04, 11/4/05, 1/16/06
5. Operative Report – 2/28/05
6. Thomas P. Burns, MD Records – 2/3/05-2/24/05
7. Terry J Beal, MD Records – 1/18/06

Documents Submitted by Respondent:

1. Review Determination – 6/5/06
2. Chiropractic Records – 3/1/06—3/8/06
3. Diagnostic Studies (e.g., MRI) – 6/3/04
4. Operative Report – 2/28/05
5. Thomas P. Burns, MD Records – 2/3/05, 2/24/05
6. Injury 1 Treatment Center Records and Correspondence – 3/8/06, 5/5/06
7. Determination Notice – 4/28/06, 5/12/06
8. Carrier's Position Statement – 6/8/06

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 case concerns an adult male with related injury to his rotator cuff with displaced cervical and lumbar discs without myelopathy, a carpal tunnel syndrome and chronic pain since the original ___ injury. The MAXIMUS physician consultant also noted that all conservative approaches including work hardening, a series of biofeedback sessions, plus one on one individual psychiatric treatment session have all failed to remit his chronic pain and his inability to work. The MAXIMUS physician consultant indicated that the patient was felt to have a somatoform pain disorder with a comorbid adjustment

disorder with mixed anxiety and depression. The MAXIMUS physician consultant noted that there is little hard evidence of the nature of his underlying Axis II personality disorder and whether he has shown any genuine capacity to work with and benefit from one on one psychiatric treatment with the development of a capacity to learn and change his behavior, reduce pain and possibly return to some work. The MAXIMUS physician consultant explained that the records provide little information about his behavioral mental status profile as the case file records are generalized and not specific. The MAXIMUS physician consultant also explained that we also do not have data to judge his participation in biofeedback or his one on one psychiatric treatment.

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for individual psych 1 X 4 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 July 2006.

Signature of IRO Employee: _____
External Appeals Department