

July 6, 2006

VIA FACSIMILE  
Dean R. McMillan, MD  
Attention: Angie Velasquez

VIA FACSIMILE  
American Home Assurance  
Attention: Mona Johnson

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

**RE: MDR Tracking #: M2-06-1635-01**  
**DWC #:**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: Dean R. McMillan, MD**  
**Respondent: American Home Assurance**  
**MAXIMUS Case #: TW06-0103**

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 female who had a work related injury on \_\_\_\_\_. She reported that while performing repetitive movements with her hands, she developed severe pain in her right hand and wrist. Diagnoses included carpal tunnel syndrome, depression, anxiety and pain disorder. Evaluation and treatment has included EMG, nerve conduction studies, wrist support therapy, physical therapy, medication, and surgery.

## Requested Services

Preauthorization for a chronic pain management program – 20 sessions 97799-CP

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

### *Documents Submitted by Requestor:*

1. Letter of Appeal from Dean R. McMillan, MD – 6/21/06
2. Mental Health Evaluation – 4/25/06
3. Pre-Authorization Request – 4/28/06

### *Documents Submitted by Respondent:*

1. Independent Medical Evaluation – 4/19/06
2. Determination Notices – 6/14/04, 12/7/04, 5/2/06, 6/7/06
3. Lindale Healthcare Clinic Records – 8/10/04-12/2/04
4. Behavioral Health Records – 11/15/04
5. Diagnostic Studies (e.g., electrodiagnostic studies, nerve conduction studies, etc) – 6/1/04, 10/20/04,
6. Functional Capacity Evaluation – 11/23/04
7. Records from John Watkins, MD – 10/28/04
8. Records and correspondence from James Hood, MD – 4/19/06
9. Pain & Recovery Clinic Records – 4/12/06
10. Orthopedic Records and Correspondence – 3/29/05
11. Prescription of Medical Necessity – 11/23/04, 8/11/05
12. Physician Advisor Review – 10/28/04
13. Designated Doctor Report – 10/21/04
14. Houston Hand & Wrist Center of Houston Records – 6/7/04-8/9/04
15. Operative Report – 6/16/04

## 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 42-year old female who was diagnosed with right-sided carpal tunnel syndrome treated surgically and followed with a panoply of varied conservative treatments including physical therapy and medications. The MAXIMUS physician consultant also noted that these treatments were all ineffective in alleviating her now persistent chronic pain, inability to work and further functional regression with severe well described and demonstrated chronic depression and anxiety. The MAXIMUS

physician consultant indicated her muscle weakness, limited range of motion and chronic pain apparently has totally demoralized and depressed her, despite treatment with Zoloft. The MAXIMUS physician consultant noted that she copes poorly due to a very limited set of skills and clearly should be offered the last remaining option to help with her now over 2 years of pain and decline. The MAXIMUS physician consultant explained that she has no contraindications to the proposed intensive behavioral and supportive pain management program and she is not a good candidate for a one on one infrequent outpatient psychiatric treatment approach. The MAXIMUS physician consultant also explained that the multidisciplinary team of this 4-week daily intensive program may bring her to some functional and symptom relief level.

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for a chronic pain management program – 20 sessions 97799-CP 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

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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 6th day of July 2006.

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