

September 26, 2006

VIA FACSIMILE
Injury 1 Treatment Center
Attention: James Odom

VIA FACSIMILE
Texas Mutual Insurance Company
Attention: Latreace Giles

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1904-01
DWC #: _____
Injured Employee: _____
Requestor: Injury 1 Treatment Center
Respondent: Texas Mutual Insurance Company
MAXIMUS Case #: TW06-0131

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 a 36 year-old female who sustained a work related injury on _____. Records report that she stepped on uneven steps and twisted her right ankle. Records noted that she heard a pop and crack. Diagnoses have included an ankle sprain, a ligament tear, and pain disorder. Evaluation and treatment for this injury has included physical therapy, medication, a CT scan, x-rays, and an MRI.

Requested Services

Preauthorization for 6 sessions of individual psychotherapy.

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

Documents Submitted by Requestor:

1. Records and correspondence from Injury 1 Treatment Centers – 6/20/06-7/21/06
2. Determination Notifications – 7/28/06
3. Chiropractic Records – 6/16/06
4. Diagnostic Studies (e.g., CT scan, MRI, x-rays, etc) – 3/13/06, 4/7/06, 5/17/06
5. Correspondence from Andrew Brylowski, MD – 6/23/06

Documents Submitted by Respondent:

1. Carrier's Statement – 9/5/06
2. Providence Health Center Records – 12/28/05
3. Concentra Medical Centers Records – 1/3/06
4. Diagnostic Studies (e.g., CT scan, MRI, x-rays, etc) – 1/18/06
5. Records and correspondence from Injury 1 Treatment Centers – 6/20/06
6. Correspondence from Andrew Brylowski, MD – 6/23/06
7. Chiropractic Records – 6/5/06
8. Records from J. Scott Croskett, DO – 7/6/06
9. Chiropractic Records – 6/16/06
10. Records from Donald M. Mauldin, MD – 8/2/06

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 patient suffers chronic moderate daily ankle pain. The MAXIMUS physician consultant also indicated that she has a history of multiple somatic complaints and usage of hydrocodone for injury related myofascial pain in the neck and shoulder area from an injury that pre-dates her ankle injury. The MAXIMUS physician consultant noted that the requested one on one psychotherapy is intended to assist her with coping with her new chronic pain, as well as dealing with her depression, difficulty performing activities of daily living and resulting life style related issues. The MAXIMUS physician consultant explained that the information provided for review demonstrates that the patient has the potential to improve with well-focused and goal oriented psychotherapy. The MAXIMUS physician consultant also explained that the requested patient may have psychophysiological issues related to pain and recovery, which can be addressed by the requested psychotherapy.

(American Psychiatric Association. Practice Guidelines to the Treatment of Psychiatric Disorders.)

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for 6 sessions of individual psychotherapy is medically necessary for treatment of the patient'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 K. Maguire, Esq.
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 26th day of September 2006.

Signature of IRO Employee: _____
External Appeals Department