

October 11, 2006  
October 10, 2006

VIA FACSIMILE  
C.M. Shade, MD  
Attention: America Martinez.

VIA FACSIMILE  
Ace American Insurance  
Attention: Beverly

**AMENDED NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-06-1997-01**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: C.M. Shade, MD**  
**Respondent: Ace American Insurance**  
**MAXIMUS Case #: TW06-0137**

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 sustained a work related injury on \_\_\_\_\_. Records indicate that after lifting a box weighing almost 100 pounds from a car, she developed pain in her low back and right leg. Diagnoses include chronic pain disorder, adjustment disorder, lumbar radicular syndrome, lumbosacral spondylosis without myelopathy, anxiety, depression, Evaluation and treatment for this injury have included pain medication, injections, work hardening program, and psychological evaluation.

## Requested Services

Preauthorization for chronic pain management X 20 session.

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

### *Documents Submitted by Requestor:*

1. None submitted

### *Documents Submitted by Respondent:*

1. Determination Notices and Correspondence – 3/10/06, 4/26/06, 7/25/06
2. Center for Pain Control Records and Correspondence – 2/23/06, 3/3/06, 3/7/06, 3/21/06, 4/5/06, 7/6/06,
3. Medical Associates Records – 1/15/05-1/19/06
4. Behavioral Health/Psycho-social Records – 7/18/05-8/19/05
5. North Texas Rehabilitation Center Records – 2/18/05-8/19/05
6. Karl Erwin, MD Records and Correspondence – 6/23/05-12/29/05
7. North Texas Pain Management Center Records and Correspondence – 7/25/06-8/17/05
8. Diagnostic Studies (i.e., MRI, etc) – 2/1/05, 2/4/05, 4/28/05,
9. Designated Doctor's Examination – 4/5/05
10. Letter of Medical Necessity and Records from Antonio Serrano, MD – 1/20/05-5/26/05
11. National DME Records – 1/26/05, 2/4/05, 2/28/06, 3/17/05
12. North Texas Neurodiagnostics Records – 2/14/05
13. South Side Medical Clinic Records and Correspondence – 1/1/05
14. Medical Record Review – 6/28/06,
15. Vista Hospital of Dallas Records and Correspondence – 6/15/05-3/21/06
16. Functional Abilities Evaluation – 12/29/05
17. Memorial Compounding Pharmacy Correspondence – not dated

## 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 presents with chronic pain, radicular type, in her low back and right leg of moderate severity dating to a work related injury on \_\_\_\_\_. The MAXIMUS physician consultant noted she has failed to improve over an extended period and has not returned to work, nor did she benefit from various physical therapies and a work hardening program. The MAXIMUS physician consultant also indicated that her pain persists, her MRI does not reveal major pathology and medical avenues of treatment may be

exhausted. The MAXIMUS physician consultant noted she has been on Zoloft 50 mg for anxiety and depression with little benefit. The MAXIMUS physician consultant explained that her psychological testing report of March 2006 is largely pro forma and not specific or revealing of her personality or psychopathology in any detail. The MAXIMUS physician consultant indicated that despite the paucity of data and the lack of any one-on-one psychotherapy effort dealing with her psychologically driven pain issues, an intense multidisciplinary chronic pain program, on a daily basis, is in all likelihood the last and probably best and most functionally practiced and prudent attempt to restore her to her previous functional level with better pain management techniques that she would develop through the proposed comprehensive approach.

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for chronic pain management X 20 session 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 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 10<sup>th</sup> day of October 2006.

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