

January 27, 2006

VIA FACSIMILE
Advantage Healthcare Systems
Attention: Nick Kempcity

VIA FACSIMILE
Zurich c/o FOL
Attention: Katie Foster

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0360-01
DWC #:
Injured Employee: ____
Requestor: Advantage Healthcare Systems
Respondent: Zurich c/o FOL
MAXIMUS Case #: TW06-0003

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 pulling a heavy pallet he experienced low back pain and injured his ankle and foot. Evaluation and treatment have included medication, physical therapy, home exercises, electromyography (EMG) and nerve conduction velocity (NCV), an MRI, injections, x-rays, ultrasound and psychotherapy. Diagnoses have included anxiety, mild depression, plantar fasciitis of the right heel, chronic right ankle strain/sprain, bilateral peripheral neuropathy of the lower extremities, chronic pain syndrome and lumbar strain/sprain.

Requested Services

Preauthorization denied for chronic pain management X 10 sessions.

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

Documents Submitted by Requestor:

1. Requests for Appeal – 9/12/05, 11/7/05
2. Precertification Request – 8/22/05
3. Metroplex Orthopedics Records – 5/9/05
4. Pedro Nosnik, MD Records – 6/3/05
5. Functional Abilities Evaluation – 6/9/05
6. Progress Report – 6/17/05
7. Diagnostic Records (i.e., MRIs, NCV, EMG, etc) – 11/15/04, 1/13/05
8. Byron E. Strain, MD – not dated
9. SOAP Notes – 7/7/05-8/4/05
10. Advantage healthcare Systems Records – 8/16/05
11. Behavioral Health Records – 11/21/05-11/29/05

Documents Submitted by Respondent:

1. Carrier's Position Statement – 11/17/05

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 40-year old man sustained a work related injury on ___ while pulling a heavy weight and experienced strain/sprains to his right ankle and lumbar and sacral spines. The MAXIMUS physician consultant explained this injury resulted in chronic narcotic dependent pain. The MAXIMUS physician consultant noted he had an unrelated bilateral lower extremity peripheral neuropathy condition. The MAXIMUS physician consultant also indicated he is noted to be depressed and anxious, sleeping poorly and compromising in all areas by his now chronic medication resistive pain syndrome. The MAXIMUS physician consultant explained that chronic pain treatment is indicated as his poor coping and comorbid psychological issues can be addressed where he can discuss his pain and secondary impairments. The MAXIMUS physician consultant noted that without chronic pain management, this patient will plateau and regress further.

Therefore, the MAXIMUS physician consultant concluded that the requested chronic pain management X 10 sessions are 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 27th day of January 2006.

Signature of IRO Employee: _____
External Appeals Department