

October 13, 2006

VIA FACSIMILE
C.M. Schade, MD, Ph.D.
Attention: American Martinez

VIA FACSIMILE
Liberty Mutual
Attention: Carolyn Gurad

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-07-0080-01
DWC #: _____
Injured Employee: _____
Requestor: C.M. Schade, MD, Ph.D.
Respondent: Liberty Mutual
MAXIMUS Case #: TW06-0145

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 while working as a long-haul truck driver, she injured her right knee. Diagnoses have included adjustment disorder with depressed mood, pain disorder, and type 1 reflex sympathetic dystrophy. Evaluation and treatment for this injury have included MRI, surgery, sympathetic nerve blocks, medications, and psychophysiological therapy.

Requested Services

Preauthorization for 20 sessions of chronic pain mgmt.

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

Documents Submitted by Requestor:

1. Pinnacle Pain Management Records and Correspondence – 4/14/04, 7/27/04, 9/28/04, 7/6/06
2. Determination Notices – 8/8/06, 8/22/06
3. Center for Pain Control Records and Correspondence – 5/9/06, 8/15/06

Documents Submitted by Respondent:

1. Liberty Mutual Determination Notices and Correspondence – 8/8/06, 8/22/06, 9/22/06,
2. Center for Pain Control Records and Correspondence – 2/7/06, 5/9/06, 7/6/06, 8/3/06, 8/7/06, 8/15/06, 8/18/06,
3. Medical Review Institute of America Correspondence – 8/7/06
4. Vista Hospital of Dallas Operative Report – 1/24/06
5. MRI Report – 6/25/03
6. Karl D. Erwin, MD Records and Correspondence – 3/21/06, 4/18/06

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 has been disabled with life restrictions and inability to work and increasing avoidance of utilizing her right leg since a work related injury on _____. The MAXIMUS physician consultant noted she developed reflex sympathetic dystrophy following surgery in February 2003 and has had persistent pain ever since. The MAXIMUS physician consultant explained that all prior supportive interventions have done little. The MAXIMUS physician consultant also explained that she presents some mild anxiety and reactive depression and is well motivated to improve. The MAXIMUS physician consultant indicated that the proposed multidisciplinary intensive biopsychophysiologic pain management sessions are medically necessary for this patient's condition. The MAXIMUS physician consultant also indicated that there is no other prudent route to try to assist this patient.

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for 20 sessions of chronic pain mgmt 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

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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 13th day of October 2006.

Signature of IRO Employee: _____
External Appeals Department