

October 31, 2006

VIA FACSIMILE
Alta Vista Healthcare
Attention: James Odom

VIA FACSIMILE
University Health System/Parker & Associates LLC
Attention: William E. Weldon

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-07-0166-01
DWC #: _____
Injured Employee: _____
Requestor: Alta Vista Healthcare
Respondent: University Health System/Parker & Associates LLC
MAXIMUS Case #: TW06-0155

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 _____. The case file records indicate she sustained a repetitive motion injury resulting in carpal tunnel syndrome and injury to her shoulder and elbows. Diagnoses have included carpal tunnel syndrome, mood disturbance, and anxiety. Treatment for this injury has included surgery, physical therapy, medications cortisone injections and psychotherapy.

Requested Services

Chronic pain management program X 20 sessions.

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

Documents Submitted by Requestor:

1. Alta Vista Healthcare Records and Correspondence – 6/27/06-9/8/06
2. Medical Audit Consultants, inc. Records – 8/21/06-9/15/06
3. Buena Vista Workskills Records and Correspondence – 11/14/05
4. Donald F. Dutra, Jr., MD Records and Correspondence – 4/28/05
5. Willis E. Brown, MD Records and Correspondence – 7/31/00-9/5/02
6. Fred G. Corley, Jr., MD Records and Correspondence – 6/10/03-11/28/03
7. Somayaji Ramamurthy, MD Records and Correspondence – 8/15/00

Documents Submitted by Respondent:

1. PIC New Patient Evaluation Form – 4/14/05
2. Letter of Medical Necessity – 10/22/05
3. Chiropractic Records – 11/10/05
4. Buena Vista Workskills Records and Correspondence – 11/14/05
5. Alamo Bone & joint Clinic Records and Correspondence – 11/22/05-1/26/06
6. Donald F. Dutra, Jr., MD Records and Correspondence – 1/19/05
7. Physical Evaluation and Impairment Center Records and Correspondence – 1/27/06
8. Alta Vista Healthcare Records and Correspondence – 1/31/06-7/19/06
9. Spine and Orthopedic Institute, LLC Records – 3/25/06

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 case concerns a 46-year old female with a work related injury of ____, a long standing carpal tunnel syndrome and an injury to arm and shoulder. The MAXIMUS physician consultant noted she had a normal cervical MRI. The MAXIMUS physician consultant explained she reports persistent pain thought to be due to carpal tunnel syndrome and associated with major depressive disorder with anxiety. The MAXIMUS physician consultant also explained that her medications include Neurontin, Clebrex and Lexapro. The MAXIMUS physician consultant indicated that over the past 6 years her symptoms have modestly improved with a variety of conservative approaches. The MAXIMUS physician consultant noted an effort of treatment on a one-on-one psychotherapy session basis have not been productive as the patient did not attend all sessions. The MAXIMUS physician consultant explained that she has now settles into a regressive, chronically afflicted, chronically

pain prone woman for who an intensive 20 session multidisciplinary approach on her chronic symptoms has been recommended with much supporting data provided. The MAXIMUS physician consultant also explained that a trial of a chronic pain management program is medically indicated for treatment of this patient's condition.

Therefore, the MAXIMUS physician consultant concluded that the requested chronic pain management program X 20 sessions 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 2nd day of November 2006.

Signature of IRO Employee: _____
External Appeals Department