

November 9, 2006

VIA FACSIMILE
Alta Vista Healthcare
Attention: James Odom

VIA FACSIMILE
Texas Mutual
Attention: Latreace Giles

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-07-0203-01
DWC #: _____
Injured Employee: _____
Requestor: Alta Vista Healthcare
Respondent: Texas Mutual
MAXIMUS Case #: TW06-0157

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 sustained a work related injury on _____. The case file records indicate that while lifting a metal ramp above his head, he heard a pop in his lower back. Diagnoses have included displaced lumbar disc, facet syndrome, and low back pain. Treatment for this injury has included MRI, EMG/nerve conduction study, medications, individual psychotherapy, injections and 10 sessions of chronic pain management therapy.

Requested Services

Preauthorization for chronic pain management X 10 sessions

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

Documents Submitted by Requestor:

1. Determination Notices – 8/23/06, 9/15/06
2. Alta Vista Healthcare Records and Correspondence – 11/27/04-9/11/06
3. Javier G. Reyes, MD Records and Correspondence – 5/3/05
4. Premier Medical Imaging Records – 12/22/04
5. Clinical Notes Initial Evaluation – 12/14/06

Documents Submitted by Respondent:

1. Carrier's Position Statement – 10/28/06
2. Texas MedClinic Records – 12/6/04
3. Designated Doctor's Evaluation – 7/21/06
4. Determination Notices – 8/23/06, 9/15/06

Decision

The Carrier's denial of authorization for the requested services is upheld.

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 46-year old male with a work related injury on ___ while lifting a heavy ramp with a co-worker and sustained a displaced lumbar disc with subsequent lumbar facet syndrome and chronic persistent low back pain. The MAXIMUS physician consultant noted of significance is his total failure to respond to all conservative approaches that have included 6 individual psychotherapy sessions including biofeedback and an additional 6 biofeedback sessions and a work hardening program. The MAXIMUS physician consultant explained that no major psychodynamic or objective reasons are given in evidence to justify 10 chronic pain management sessions. The MAXIMUS physician consultant also explained that the chronic pain management sessions would not be expected to move this patient out of his now chronic state with chronic pain. The MAXIMUS physician consultant indicated that no benefit would accrue from these further sessions given his history of total failure to progress to date with similar and highly focused past efforts.

Therefore, the MAXIMUS physician consultant concluded that the preauthorization for chronic pain management X 10 sessions is not 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 9th day of November 2006.

Signature of IRO Employee: _____
External Appeals Department