

December 18, 2006

VIA FACSIMILE
Ennis Healthcare System
Attention: Nick Kempisty

VIA FACSIMILE
Security Insurance Company of Hartford
Attention: Tom Lang

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-07-0373-01
DWC #: _____
Injured Employee: _____
Requestor: Ennis Healthcare System
Respondent: Security Insurance Company of Hartford
MAXIMUS Case #: TW06-0167

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 records indicate the patient injured her lower back when she fell backwards. Diagnoses have included a L4-5 disc bulge, and radiculopathy. Evaluation and treatment for this injury has included medications, x-rays, an MRI, an EMG study, epidural injections, work hardening, and chiropractic therapy.

Requested Services

Preauthorization for individual counseling times four (4) sessions.

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

Documents Submitted by Requestor:

1. Paul A. Vaughn, MD Records and Correspondence – 12/12/02-9/6/05
2. Vista Hospital of Dallas Records – 7/25/05
3. Chiropractic Records – 9/15/05-10/18/05
4. Ennis Healthcare Systems Records – 6/21/06-6/22/06
5. A-Medical Advantage Healthcare Systems Records – 7/14/06-8/18/06

Documents Submitted by Respondent:

1. PA Letter Information – 6/3/03, 7/1/03, 9/30/03, 12/19/03, 2/24/04, 9/28/04, 7/5/05, 7/28/05, 7/29/05, 12/12/05, 1/4/06, 7/11/06, 8/10/06, 9/7/06, 9/29/06
2. Peer Review Report – 3/7/05
3. Independent Medical Evaluation – 2/3/04
4. Ennis Healthcare Systems Records and Correspondence – 9/15/05-6/22/06

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 the rationale for the requested treatment is not apparent based on the data reviewed. The MAXIMUS physician consultant also indicated that according to the psychological evaluation dated 6/21/06, a pain management program was requested. The MAXIMUS physician consultant noted that the counseling appears to be an alternative treatment recommendation. The MAXIMUS physician consultant explained that the goals do not appear to be individualized. The MAXIMUS physician consultant also explained that the patient has had some extensive treatment in the past without apparent benefit, including a work hardening program. The MAXIMUS physician consultant also indicated there is no rationale as to why the patient would be more likely to benefit from treatment now than in the past. The MAXIMUS physician consultant noted American College of Occupational and Environmental Medicine guidelines, chapter C indicate multidisciplinary programs for management of chronic pain. The MAXIMUS physician consultant explained that the patient has already had this treatment in the past without benefit. The MAXIMUS physician consultant also explained that the guidelines do not indicate a repeat of treatment modalities that have failed in the past. The MAXIMUS physician consultant noted that the requested treatment does not appear to be reasonable or medically necessary as it relates to treatment of the patient's

chronic pain. (American College of Occupational and Environmental Medicine Guidelines, 2nd Edition, 2004.)

Therefore, the MAXIMUS physician consultant concluded that the preauthorization request for individual counseling times four (4) 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

—

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 18th day of December 2006.

Signature of IRO Employee: _____
External Appeals Department