

December 26, 2006

VIA FACSIMILE
Pinnacle Pain Management
Attention: Michael Soderstrom

VIA FACSIMILE
Financial Insurance Company of America
Attention: David Gehlbach

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-07-0460-01
DWC #: _____
Injured Employee: _____
Requestor: Pinnacle Pain Management
Respondent: Financial Insurance Company of America
MAXIMUS Case #: TW06-0170

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 _____. Records indicate that while cleaning a concrete mixer, it fell and hit him on the back. Diagnoses have included hypertrophic cervical spondylosis, full thickness rotator cuff tear, disc protrusion, radiculopathy, fracture, depression and anxiety. Evaluation and treatment for this injury has included an MRI, steroid injections, shoulder surgery, a TENS unit, physical therapy, and pain medications.

Requested Services

Preauthorization for 10 sessions of chronic pain management.

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

Documents Submitted by Requestor:

1. Shoreman & Associates Utilization Review Documents – 10/12/06-10/25/06
2. Records and Correspondence from Pinnacle Pain Management Solutions – 10/5/06-10/18/06
3. Records and Correspondence from David Durkop, DC – 6/16/05-10/5/06
4. Records from Wellness Maintenance Centers, Inc. – 9/14/06-10/6/06
5. Records and Correspondence from Regional Specialty Clinic – 8/28/06-9/19/06
6. Summit Ambulatory Surgery Center – 9/7/06

Documents Submitted by Respondent:

1. Determination Notices – 11/27/06
2. Shoreman & Associates Utilization Review Documents – 10/10/06-10/25/06
3. Records and Correspondence from Pinnacle Pain Management Solutions – 10/5/06-10/18/06
4. Records from Wellness Maintenance Centers, Inc. – 9/14/06-10/6/06
5. Records and Correspondence from Regional Specialty Clinic – 8/28/06-9/19/06
6. Summit Ambulatory Surgery Center – 9/7/06
7. Records and Correspondence from David Durkop, DC – 6/16/05-10/5/06

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 55-year old male with a work related injury with subsequent bilateral rotator cuff tears, a disc protrusion with radiculopathy, and a fracture and has persistent severe burning pain with involvement of the neck, shoulders and low back. The MAXIMUS physician consultant also indicated he cannot work and is stated to be highly anxious, depressed and expressing suicidal thoughts. The MAXIMUS physician consultant noted he had bilateral shoulder surgery, extensive work hardening (30 sessions) and 22 individual one-on-one behavioral and psychotherapy treatments, although no data and details from that treatment were included in the case file. The MAXIMUS physician consultant explained he remains on moderate to high doses of Hydrocodone, in addition to Effexor, Ambien and Celebrex. The MAXIMUS physician consultant also explained that a multidisciplinary pain management program designed to facilitate better coping of his pain, work to eliminate his opiates, and attempt to integrate varied

physical exercise and stretching techniques with psychological support to reduce his suffering is medically indicated for this patient. The MAXIMUS physician consultant indicated that this chronically suffering and so far treatment resistant man with severe chronic intractable pain with secondary depression is an excellent candidate for the requested intensive multidisciplinary pain management program.

Therefore, the MAXIMUS physician consultant concluded that the preauthorization request for 10 sessions of chronic pain management 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 26th day of December 2006.

Signature of IRO Employee: _____
External Appeals Department