

December 27, 2006

VIA FACSIMILE
Bexar County Healthcare
Attention: Nick Kempisty

VIA FACSIMILE
Travelers Indemnity Company
Attention: Jeanne Schafer

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-07-0466-01
DWC #: _____
Injured Employee: _____
Requestor: Bexar County Healthcare
Respondent: Travelers Indemnity Company
MAXIMUS Case #: TW06-0171

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 chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing physician on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This physician is board certified in neurosurgery. The reviewers have met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing providers have 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 reviewers 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 driving a truck, the air hose that powered the hydraulic seat was cut causing his seat to slam to the floor of the truck. Diagnoses have included lumbar radiculopathy, and lumbar nerve root irritation. Evaluation and treatment for this injury has included an EMG, surgery, MRI, medications, and chiropractic care.

Requested Services

Preauthorization for chronic behavioral pain management program times ten (10) sessions.

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

Documents Submitted by Requestor:

1. Bexar County Healthcare Systems Records – 8/22/06
2. Combined Care Systems Records – 3/2/06-5/26/06
3. Premier Medical Imaging – 6/28/04
4. Alamo Bone & Joint Clinic – 5/18/06

Documents Submitted by Respondent:

1. Determination Notice – 9/14/06, 10/12/06, 11/28/06

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 chiropractor consultant indicated this patient has a stabilized chronic pain syndrome. The MAXIMUS chiropractor consultant noted he does not want further surgical intervention or injection therapy. The MAXIMUS chiropractor consultant also noted he maintains a consistent level of pain control with medications and rest. The MAXIMUS chiropractor consultant explained that he has been through physical therapy, chiropractic work hardening 2 years ago that should have taught him pain management procedures to be performed on his own. The MAXIMUS chiropractor consultant indicated he also had epidural injections. The MAXIMUS chiropractor consultant noted that he had biofeedback therapy and attended a chronic pain program in 2003 and 2004. The MAXIMUS chiropractor consultant indicated that to provide the same treatment is not likely to produce improvement or result in a new ability to cope with his pain. (Rome. Evidence Based Clinical Practice Guidelines for interdisciplinary rehabilitation of chronic pain syndrome patients. Pain Practice. 5(4): 304-315. 2004. Sanders S, et al. Medical Necessity for Pain Cannot Be Established. 2005.)

Therefore, the MAXIMUS chiropractor consultant concluded that the preauthorization request for chronic behavioral pain management program times ten (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 27th day of December 2006.

Signature of IRO Employee: _____
External Appeals Department