

December 27, 2006

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VIA FACSIMILE  
Texas Mutual Insurance Company  
Attention: Richard Ball

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-07-0477-01**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: \_\_\_\_\_**  
**Respondent: Texas Mutual Insurance Company**  
**MAXIMUS Case #: TW06-0173**

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 feeding cows a cow ran into him throwing him. He fell on his neck and head and experienced immediate pain in his neck and left arm. Diagnoses have included cervicobrachial syndrome, cervical muscle spasms and cervical disc displacement. Evaluation and treatment for this injury has included electrical stimulation, ultrasound, hydrocollator, x-rays, and chiropractic treatment.

## Requested Services

Preauthorization for chronic pain management (5 times a week for 2 weeks).

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

### *Documents Submitted by Requestor:*

1. Determination Notice – 10/19/06, 10/27/06
2. Letter requesting Appeal – not dated
3. Southwest Back Clinic Clinical Interview – 10/20/06

### *Documents Submitted by Respondent:*

1. Carrier Statement – 12/19/06
2. Initial Medical Report – 1/19/96
3. Determination Notice – 10/19/06, 10/27/06

## 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 according to the medical record, the patient was at maximum medical improvement 10 years ago. The MAXIMUS physician consultant also indicated his treatment was sporadic and it is not evident that he had anything other than conservative treatment for his condition. The MAXIMUS physician consultant noted although his neck pain had been worsening, there is no indication that a diagnostic work up was performed or that less intensive modalities were attempted in this case. (American College of Occupational and Environmental Medicine Guidelines, 2<sup>nd</sup> edition, Lee S, Glass, Ed. 2004.)

Therefore, the MAXIMUS physician consultant concluded that the preauthorization request for chronic pain management (5 times a week for 2 weeks) 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 27th day of December 2006.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department