MAXIMUS

April 24, 2003

Texas Workers Compensation Commission
Southfield Building, MS48
4000 S. IH-35
Austin, Texas 78704-7491

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1267-01
TWCC #:
Injured Employee:
Requestor: Mega Rehab
Respondent: Health Administration Service
MAXIMUS Case #: TW03-0147

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

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 osteopathic physician on the MAXIMUS external review panel. This physician is board certified in internal medicine. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. 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 a 43 year-old male who sustained a work related injury on . The patient reported that while at work he sustained a lifting injury. The patient was treated with physical therapy and manipulative therapy. The patient sustained an exacerbation in October of 2001 and again was treated with physical therapy and manipulative therapy. The therapies at this time did not help the patient. He then underwent a myelogram with CT scan following and was found to have a 3mm disc protrusion at L5-S1 with under filling of the left S1 nerve root sleeve with bilateral foraminal encroachment worse on the right and a 4mm diffuse protrusion at L4-5 with widening contour of both L5 nerve roots. The patient then underwent a lumbar fusion

surgery, at levels L4-5 and L5-S1 with external fixator on April 24, 2002. He was then referred for physical therapy post surgery.

Requested Services

Therapeutic procedure, application of a modality, special reports and myofascial release from 5/28/02 through 9/5/02.

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that the patient sustained a work related injury . The MAXIMUS physician reviewer also noted that the patient was treated with physical therapy, manipulative therapy, myofascial release and lumbar fusion on 4/24/02. The MAXIMUS physician reviewer indicated that the patient participated in physical therapy post operatively. The MAXIMUS physician reviewer explained that post-operative physical therapy is reasonable. However, the MAXIMUS physician reviewer explained that the documentation provided did not show status/results of ongoing physical therapy. The MAXIMUS physician reviewer noted that the physical therapy note as of 6/14/02 did not document ongoing improvement of pain for this patient. The MAXIMUS physician reviewer also noted that there was a 5-week gap in therapy beginning 6/14/02. Therefore, the MAXIMUS physician consultant concluded that the therapeutic procedure, application of a modality, special reports and myofascial release from 5/28/02 through 6/14/02 was medically necessary to treat this patient's condition. However, the MAXIMUS physician consultant concluded that the therapeutic procedure, application of a modality, special reports and myofascial release from 6/15/02 through 9/5/02 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department