MAXIMUS

June 13, 2003

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

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1889-01
TWCC #:
Injured Employee:
Requestor: Neuromuscular Institute
Respondent: Old Republic Ins. c/o ESIS
MAXIMUS Case #: TW03-0259

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 chiropractor on the MAXIMUS external review panel. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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 chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 45 year-old gentleman who sustained a work related injury on
The patient reported that while at work he slipped on some oil, almost fell and twisted his back. The patient underwent X-Rays of the lumbar spine that were reported to be negative. The diagnoses for this patient include lumbar sprain/strain and foot sprain/strain. The treatment for this patient has been conservative and included chiropractic treatment.

Requested Services

Chiropractic treatments rendered from 4/19/02 through 4/26/02.

Decision

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

Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns 45 year-old male who sustained a work related injury to his back on .. The MAXIMUS chiropractor reviewer also noted that the diagnoses for this patient included lumbar sprain/strain and foot sprain/strain. The MAXIMUS chiropractor reviewer further noted that treatment for this patient's condition has been conservative and included chiropractic treatment. The MAXIMUS chiropractor reviewer indicated that the patient still had an active acute low back injury that was in the initial phase of acute care. The MAXIMUS chiropractor reviewer explained that the treating physician was following his outlined course of care to bring around a resolution of the condition and release of the patient back to the work force. The MAXIMUS chiropractor reviewer noted that this patient's progress was slow. However, the MAXIMUS chiropractor reviewer explained that at the end of the initial phase the patient showed improvement and returned to work. The MAXIMUS chiropractor reviewer explained that this care was appropriate and medically necessary. Therefore, the MAXIMUS chiropractor consultant concluded that the chiropractic treatments rendered from 4/19/02 through 4/26/02 were medically necessary for treatment of this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department