MAXIMUS

September 11, 2003

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

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-2884-01
TWCC #:
Injured Employee:
Requestor:
Respondent: Association Casualty Insurance Company
MAXIMUS Case #: TW03-0442

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 physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in anesthesiology. 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 35 year-old female who sustained a work related injury on ___. The patient reported that while at work she lifted an envelope that contained forty pounds of metal plates in it. The patient reported feeling pain in her lower back and numbness in both lower extremities. The patient has undergone several MRIs and X-Ray series. In addition, the paient has undergone a myelogram, CT scan and EMG testing. An MRI dated September 15, 2000 indicated that the patient had recurrent disc herniation or prominent disc bulging. The patient has been treated with physical therapy, oral pain medications and anti-inflammatories and

injections and has undergone a right L4-L5 hemilaminotomy, partial medial facetectomy, and discectomy on 5/21/99.

Requested Services

Prescription medications from 3/14/02 through 6/19/02.

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 this case concerns a 35 year-old female who sustained a work related injury to her lower back on . The MAXIMUS physician reviewer also noted that the diagnosis for this patient is chronic back pain on the basis of discogenic disc disease. The MAXIMUS physician reviewer indicated that the patient has undergone treatment with physical therapy, medical therapy with anti-inflammatories (Vioxx and Lodice), analgesics (Darvocet, Darvon and Lortab), muscle relaxants (Soma, and Zanaflex), and anti-depressants (Zoloft and Lexapro), nerve blocks, and surgery (right L4-L5 hemilaminotomy, partial medial facetectomy, and discectomy. The MAXIMUS physician reviewer explained that despite these numerous conservative and interventional therapies, the patient continued to complain of chronic low back pain. The MAXIMUS physician reviewer noted that the patient was not felt to be a candidate for further surgical intervention. The MAXIMUS physician reviewer indicated that the patient underwent an evaluation on 2/15/02 that indicated further use of narcotic medications for this patient was not recommended. The MAXIMUS physician reviewer explained that the patient continues to complain of chronic low back pain. However, the MAXIMUS physician reviewer also explained that after further evaluations it was indicated that treatment of this patient's condition be with over the counter anti-inflammatory medications. The MAXIMUS physician reviewer further explained that the medications felt to be necessary for the period in question were treating active diagnoses of failed back syndrome, SI joint arthropathy and lumbar facet arthropathy. Therefore, the MAXIMUS physician consultant concluded that the prescription anti-inflammatories (Vioxx and Lodine) and anti-depressants (Zoloft and Lexapro) from 3/14/02 through 6/19/02 were medically necessary to treat this patient's condition. However, the MAXIMUS physician consultant also concluded that the analgesics (Darvocet, Darvon, Lortab) and muscle relaxants (Soma and Zanaflex) from 3/14/02 through 6/19/02 were not medically necessary to treat this patient's condition.

Sincerely,
MAXIMUS

Elizabeth McDonald
State Appeals Department