

June 25, 2004

MAXIMUS

Robert J. Henderson M.D.

VIA FACSIMILIE
ARCFI

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-04-1361-01
TWCC #:
Injured Employee:
Requestor: Robert J. Henderson, M.D.
Respondent: American Home Assurance Co.
MAXIMUS Case #: TW04-0270

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The 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 neurosurgery and is familiar with the condition and treatment options at issue in this appeal. 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 male who sustained a work related injury on -----. The patient reported that while at work he fell while trying to stack pallets injuring his back. X-rays of the lumbar spine performed on 11/3/03 indicated moderated to severely decreased L5/S1 intervertebral disc space suggesting lumbar disc disorder, postural alterations suggestive of possible myospasm, and degenerative processes of the L5 vertebral body. MRI of the lumbar spine performed 11/13/03 showed desiccation of the L4-5 intervertebral disc with annular 2-mm disc bulge and bilateral facet hypertrophy, and degeneration of the L5-S1 intervertebral disc with a 5-mm annular bulge displacing the 1st sacral nerves. Treatment for this patient's condition has

included passive and active therapy, translumbar epidural steroid block, and medications. The patient is being referred for lumbar surgery for further treatment of his condition.

Requested Services

Lumbar surgery (discectomy, interbody fusion, fixation @ L4-5, L5-S1, posterior decompression L5, S1 via total laminectomy, lateral mass fusion L4-S1).

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

Documents Submitted by Requestor:

1. Chart notes 2/27/04 – 4/27/04
2. EMG report 1/14/04
3. MRI report 11/13/03

Documents Submitted by Respondent:

1. Independent Review Organization Summary 5/25/04
2. Initial Chart Note 11/3/03
3. MRI report 11/13/03
4. Office/Progress notes 11/3/03 – 4/27/04

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a male who sustained a work related injury to his back on MAXIMUS. The MAXIMUS physician reviewer also noted that the treatment for this patient's condition has included passive and active therapy, translumbar epidural steroid block, and medications. The MAXIMUS physician reviewer further noted that the patient has been referred for lumbar surgery for further treatment of his condition. The MAXIMUS physician reviewer explained that there is no evidence of spinal instability in this patient's condition. The MAXIMUS physician reviewer also explained that the patient would benefit from a trial of weight loss, physical therapy and exercise. The MAXIMUS physician reviewer further explained that there is no role for lumbar surgery for this patient's condition. Therefore, the MAXIMUS physician consultant concluded that the requested Lumbar surgery (discectomy, interbody fusion, fixation @ L4-5, L5-S1, posterior decompression L5, S1 via total laminectomy, lateral mass fusion L4-S1) is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744

Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

State Appeals Department

cc: Texas Workers Compensation Commission

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 25th day of June 2004.

Signature of IRO Employee

Name