January 19, 2005

Dr. R
Attn: ___
800 W. Arbrook, Suite 150
Arlington, Texas 76015

VIA FACSIMILE
Texas Mutual
Attn: ___

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-0543-01
TWCC #:
Injured Employee:
Requestor: Dr. R
Respondent: Texas Mutual Ins. Co.
MAXIMUS Case #: TW04-0528

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 ___. An MRI of the lumbar spine performed on 12/18/01 revealed disc desiccation at the L5-S1 level with diminished disc height. On 11/27/02 the patient underwent a MRI scan of the cervical spine that showed disc bulges at C5-6 and C6-7. An EMG performed on 3/4/03 showed a chronic left C7 radiculopathy. The impression for this patient has included left cervical radiculopathy, left lumbar radiculopathy,

bilateral L5 pars defects, and a 1mm left C5-6 and left C6-7 paramedian protrusion. On 10/20/04 the patient underwent a cervical and lumbar myelogram that revealed a broad based 1mm or smaller disc protrusion asymmetric toward the left at the C5-6 and C6-7 levels producing minimal ventral dural deformity and no impingement on neural structures or stenosis, bilateral spondylolysis at L5, osteophytes at L5-S1, and focal dural thickening near the origin of the left S1 root sleeve. Treatment for this patient's condition has included physical therapy and injection therapy. A lumbar discogram has been recommended for further evaluation of this patient's condition.

Requested Services

Outpatient stay for lumbar discogram at L3-4, L4-5, L5-S1 with post CT.

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

Documents Submitted by Requestor:

1. Follow Up 10/26/04
2. Medical Conference Note 11/4/04
3. Cervical and Lumbar Myelogram Report 10/20/04

Documents Submitted by Respondent:

1. Utilization Review Findings 11/2/04, 11/12/04
2. Follow Up 10/26/04
3. DDE 11/24/03
4. Cervical and Lumbar Myelogram Report 10/20/04

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 ___. The MAXIMUS physician reviewer also noted that the diagnoses for this patient have included left cervical radiculopathy, left lumbar radiculopathy, bilateral L5 pars defects, and a 1mm left C5-6 and left C6-7 paramedian protrusion. The MAXIMUS physician reviewer further noted that treatment for this patient's condition has included physical therapy and injection therapy and that a lumbar discogram has been recommended for further evaluation of this patient's condition. The MAXIMUS physician reviewer explained that the patient has spondylolysis without clear neural encroachment. The MAXIMUS physician reviewer also explained that a diagnosis of spondylolysis does not point toward the need for a lumbar discogram. Therefore, the MAXIMUS physician consultant concluded that the requested outpatient stay for lumbar discogram at L3-4, L4-5, L5-S1 with post CT 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,
MAXIMUS

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 19th day of January 2005.

Signature of IRO Employee: _____
External Appeals Department