

March 4, 2005

Robert J. Henderson, MD
Attn: Amanda S.
1261 Record Crossing
Dallas, TX 75235

VIA FACSIMILE
Zurich American Insurance Co.
Attn: Kelly Pinson

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-0703-01
TWCC #:
Injured Employee:
Requestor: Robert J. Henderson, MD
Respondent: Zurich American Insurance Co.
MAXIMUS Case #: TW05-0022

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 anesthesiology 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 32 year-old female who sustained a work related injury on _____. The patient reported that while at work she injured her back when she was pushing a hospital bed. An MRI of the thoracolumbar spine performed on 10/5/04 revealed a decreased signal intensity at L5-S1 with a mild bulge, but no evidence of stenosis, and no disc space narrowing. An EMG performed on 10/13/04 was interpreted as normal. The patient reportedly participated in a Work Hardening Program for 8 weeks followed by a Pain Management Program. The patient has

continued complaints of pain and is being recommended for a caudal epidural steroid block with fluoroscopy for further treatment of her pain.

Requested Services

Caudal Epidural Steroid Block with fluoroscopy.

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

Documents Submitted by Requestor:

1. Chart Note 11/15/04
2. MRI report 10/5/04
3. EMG report 10/13/04

Documents Submitted by Respondent:

1. Pre-Cert Denial email 12/16/04
2. Pre-Authorization Reconsideration Report 12/15/04
3. Peer Review 11/14/04

Decision

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

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a 32 year-old female who sustained a work related injury to her lower back on _____. The MAXIMUS physician reviewer indicated that an MRI of the thoracolumbar spine performed on 10/5/04 revealed decreased signal intensity at L5-S1 with a mild bulge, but no evidence of stenosis and no disc space narrowing. The MAXIMUS physician reviewer noted that the patient has completed conservative treatment modalities consisting of stretching, strengthening, conditioning, and electrical stimulation for her back condition and continues with significant and disabling pain. The MAXIMUS physician reviewer also noted that the patient's current diagnosis is lumbar syndrome with spondylosis at L5-S1. The MAXIMUS physician reviewer explained that the patient should proceed with the recommended epidural injection to attempt to achieve significant and sustained pain control. Therefore, the MAXIMUS physician consultant concluded that the requested caudal epidural steroid block with fluoroscopy is 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

Elizabeth McDonald
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 4th day of March, 2005.

Signature of IRO Employee: _____
External Appeals Department