

March 28, 2005

Ms. Kristen Reeves  
C.D. Cowan  
414 South Bonner  
Tyler, TX 75702

VIA FACSIMILE  
Twin City Fire Ins. Co.  
C/o Hartford  
Attn: Barbara Sachse

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-05-0843-01-SS**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: C.D. Cowan**  
**Respondent: SORM**  
**MAXIMUS Case #: TW05-0039**

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 56 year-old male who sustained a work related injury. The patient reported that while at work he injured his low back, bilateral buttock and legs after attempting to lift a door. An MRI of the lumbar spine performed on 10/22/04 indicated a small broad based central protrusion at the L2/L3 level, small, central disc protrusions at the L4/5 and L5/S1 levels,

and moderate facet degenerative changes present at the L4/5 and L5/S1 facets. The impression for this patient has included low back, bilateral leg pain consistent with S1 radiculopathy, no evidence of hip joint or knee joint pathology, no evidence of deep venous thrombosis, and evidence that the axial lumbar spine pain may be discogenic from torn lumbar intervertebral disc in addition to the radiculopathy. Treatment for this patient's condition has included physical therapy and medications.

### Requested Services

Lumbar Decompression at L4/5 and L5/S1.

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

#### *Documents Submitted by Requestor:*

1. No Documents Submitted

#### *Documents Submitted by Respondent:*

1. Pain Management Procedure Reports 8/4/04, 8/18/04
2. New Patient Evaluation 7/12/04
3. Chart Documents 7/12/04, 6/17/04
4. Physician's Summary/Office Visit 1/5/05
5. MRI report 10/22/04

### 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 an MRI of the lumbar spine demonstrated a small broad based central protrusion at the L2/L3 level, small, central disc protrusions at the L4/5 and L5/S1 levels, and moderate facet degenerative change present at the L4/5 and L5/S1 facets. The MAXIMUS physician reviewer further noted that the patient has been recommended for a lumbar decompression at the L4/5 and L5/S1 levels for further treatment of his condition. The MAXIMUS physician reviewer indicated that the patient has broad based disc bulges without evidence of neural compression. The MAXIMUS physician reviewer explained that the requested surgical intervention is decompression surgery. The MAXIMUS physician reviewer also explained that the documentation provided does not support the medical necessity of the proposed procedure. Therefore, the MAXIMUS physician consultant concluded that the requested lumbar decompression at L4/5 and L5/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,  
**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 28th day of March 2005.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department