

March 28, 2005

Dr. Robert J. Henderson  
Attn: Amanda S.  
1261 Record Crossing  
Dallas, TX 7235

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

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-05-1023-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: Dr. Robert J. Henderson**  
**Respondent: Twin City Fire Ins. Co. c/o Hartford**  
**MAXIMUS Case #: TW05-0038**

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 orthopedic surgery 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 48 year-old male who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work as a limo/van driver, he injured his back and both legs when he attempted to exit his vehicle to locate the source of smoke coming into his vehicle. On 6/9/00 the patient underwent a myelogram that showed no evidence of stenosis, a ventral extradural

defect at the L4/L5 level and some spurring of the endplates at T12/L4. Images of the lumbar spine performed on 10/13/00 showed lumbar spondylosis and no evidence of acute osseous findings. The diagnoses for this patient have included chronic lumbar radicular syndrome status post fall. Treatment for this patient's condition has included epidural steroid block. The patient has been recommended for an open upright lumbar MRI to evaluate his condition for further treatment options.

### Requested Services

Open Upright Lumbar Spine MRI.

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

#### *Documents Submitted by Requestor:*

1. Chart Notes 11/29/04, 1/27/05
2. Imaging report 10/13/00
3. Myelogram report 6/9/00

#### *Documents Submitted by Respondent:*

1. Preauthorization Request 12/27/04, 12/7/04

### 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 chronic lumbar radicular syndrome status post fall and that treatment for this patient's condition has included epidural steroid blocks. The MAXIMUS physician reviewer further noted that an open upright lumbar MRI to evaluate this patient's condition for further treatment options has been recommended. The MAXIMUS physician reviewer explained that there is no data to support the efficacy of an upright MRI over the conventional MRI. The MAXIMUS physician reviewer also explained that the patient has chronic degenerative changes with no evidence of lumbar instability. The MAXIMUS physician reviewer further explained that the documentation provided does not support the medical necessity of the requested upright lumbar MRI. Therefore, the MAXIMUS physician consultant concluded that the requested open upright lumbar spine MRI 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