

April 22, 2005

VIA FACSIMILE  
Long Point Medical Clinic  
Attn: Carmen Gonzalez

VIA FACSIMILE  
Hartford Ins. Co.  
Attn: Barbara Sachse

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-05-1377-01**  
**TWCC #: \_\_\_\_**  
**Injured Employee: \_\_\_\_**  
**Requestor: Long Point Medical Clinic**  
**Respondent: Hartford Ins. Co.**  
**MAXIMUS Case #: TW05-0066**

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 chiropractor on the MAXIMUS external review panel who is familiar with the with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor 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 chiropractor 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 as an armored truck driver, he was in the cab of the truck when it drove over some railroad tracks, bouncing him around in the cab of the truck, injuring his head, lower back and cervical spine. The patient was evaluated the next day and diagnosed with a cervical and lumbar sprain. X-rays of the lumbar and cervical spine performed on 7/26/04 revealed a slight anterior wedging of the L1 vertebral body, no significant disc bulge or canal stenosis from T12-L1 and L5-S1, desiccation of the disc material from C2-3 through C7-t1, a 1.5mm central disc bulge from C4-6 and a 2.5mm paracentral disc protrusion abutting the cervical cord, slightly off

the midline towards the right at C6-7. Additional diagnoses for this patient have included C4-6 central disc bulge and a C6-7 paracentral disc protrusion. The patient had been treated with physical therapy, epidural steroid injections, and subsequently participated in a work conditioning program. Additional work hardening sessions have been requested for continued treatment of this patient's condition.

### Requested Services

Work Hardening 5 times 4/ 97545.

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

#### *Documents Submitted by Requestor:*

1. Letter to Hartford 1/18/05
2. Work Hardening/Conditioning Initial Examination and Progress notes 11/19/04 – 12/13/04
3. Behavioral Healthcare Associates Notes 11/8/04 and 10/21/04
4. FCE 10/25/04
5. X-ray reports 7/26/04
6. Office Notes 8/13/04 – 2/18/05

#### *Documents Submitted by Respondent:*

1. Same as above

### Decision

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

### Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a male who sustained a work related injury on \_\_\_\_\_. The MAXIMUS chiropractor reviewer indicated that the patient had 38 physical therapy visits and reported little relief. The MAXIMUS physician reviewer also indicated that the patient responded favorably to the work conditioning program for the two weeks he participated. The MAXIMUS chiropractor reviewer explained that there is no evidence that the patient has obtained the maximal benefit from a work conditioning program. The MAXIMUS chiropractor reviewer noted that the patient was near the medium level of work fitness and that obtaining this level of work fitness would allow the patient to return to work without limitations. The MAXIMUS chiropractor reviewer explained that the lack of documentation provided for review does not support the need for the requested work hardening program. The MAXIMUS chiropractor reviewer noted that there is no research that supports a work hardening program as being more beneficial than a work conditioning program. Therefore, the MAXIMUS chiropractor consultant has concluded that the requested additional work hardening 5 times 4/ 97545 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  
Mr. \_\_\_\_

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 22nd day of April 2005.

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