

July 1, 2005

VIA FACSIMILE  
Ved V. Aggarwal, MD  
Attn: Laurie Walden

VIA FACSIMILE  
Parker Associates for Federated Ins.  
Attn: William Weldon

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-05-1539-01**  
**TWCC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: Ved V. Aggarwal, MD**  
**Respondent: Parker Associates for Federated Ins.**  
**MAXIMUS Case #: TW05-0094**

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 39-year old female who sustained a work related injury on \_\_\_\_\_. She was involved in a motor vehicle accident while at work. Diagnoses include lumbar radiculitis, myofascial syndrome, cervical radiculitis, and lumbar intervertebral disc displacement. Treatment has included physical therapy, epidural injections, and chiropractic care.

## Requested Services

Outpatient lumbar IDET with fluoroscopy and anesthesia.

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

### *Documents Submitted by Requestor:*

1. Medical records from 5/30/03-3/22/05
2. Lumbar spine CT scan – 5/30/03
3. Discogram worksheet – 11/18/04

### *Documents Submitted by Respondent:*

1. Lumbar spine CT scan – 5/30/03
2. Neurosurgical consultation report – 9/8/03
3. Pain Management note – 9/17/03
4. Spinal surgery consultation – 1/20/04
5. Occupational Medicine evaluation – 3/11/04
6. Medical records from surgeon – 3/22/04-3/11/05
7. Discogram with CT correlation – 4/28/03

## 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 39-year-old female who sustained a work-related injury to her back on \_\_\_\_\_. The MAXIMUS physician reviewer also noted that the diagnoses for this patient have included lumbar radiculitis, myofascial syndrome, cervical radiculitis, and lumbar intervertebral disc displacement. The MAXIMUS physician reviewer further noted that treatment for this patient's condition has included physical therapy, epidural injections and chiropractic care and that the patient has been recommended for an IDET procedure at the L2-3 levels. The MAXIMUS physician reviewer indicated that the IDET procedure is very controversial. The MAXIMUS physician reviewer noted that there is conflicting long-term data establishing the efficacy of this procedure for the treatment of disc degeneration is lacking. The MAXIMUS physician reviewer indicated that this patient has disc bulging and degeneration at multiple levels. The MAXIMUS physician reviewer also indicated that this patient has several other pain-generating diagnoses such as myofascial pain syndrome. The MAXIMUS physician reviewer explained that the IDET procedure has a low level of likelihood for success for treatment of this patient's condition. Therefore, the MAXIMUS physician consultant concluded that the requested outpatient lumbar IDET L2-3 with fluoroscopy and anesthesia is not medically necessary.

**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 26<sup>th</sup> day of May 2005.

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