

September 2, 2005

VIA FACSIMILE
J.D. Stephenson, MD
Attn: Helen

VIA FACSIMILE
American Home Assurance/ARCM I
Attn: Raina Robinson

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-2012-01
TWCC #:
Injured Employee:
Requestor: J.D. Stephenson, MD
Respondent: American Home Assurance/ARCM I
MAXIMUS Case #: TW05-0171

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 urology 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 52-year old female who sustained a work related injury on _____. The patient reported that she fell from a ladder sustaining injury to her lumbar spine and left shoulder. She also reported that since the injury she has experienced urgency and some urge incontinence. Diagnoses include back, shoulder and upper arm sprain and back contusion, thoracic or lumbosacral neuritis or radiculitis, lumbar vertebra closed fracture, fractured humerus, spinal stenosis and urinary urgency with urge incontinence. Treatment has included shoulder surgery and oral medication.

Requested Services

Preauthorization request for urodynamic study, cystoscope, IVP

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

Documents Submitted by Requestor:

1. Skinner Clinic Records – 2/5/04-5/23/05
2. Statement of Medical Necessity – 7/11/05
3. Preauthorization & Precertification Requests - not dated
4. WebMDHealth Information – not dated
5. Adverse Determination – 3/10/04
6. Alamo Bone & Joint Follow-up Note – 5/5/05
7. EMG/Nerve Conduction Study – 9/22/04

Documents Submitted by Respondent:

1. Independent Review Organization Summary – 8/9/05
2. Adverse Determination - 3/8/04
3. Northeast Methodist Hospital Records – 9/10/02-7/1/03
4. Concernra Medical Center Records – 9/12/02- 12/17/02
5. MRI Reports – 9/16/02, 12/10/02, 6/4/03, 10/8/04
6. Northeast Orthopaedics & Sports Medicine, L.L.P. Records – 9/23/02-11/25/03
7. Electrocardiographic Rhythm Analysis and Cardiac Screening Evaluation – 1/7/03
8. Physical Medicine/Pain Management Electrodiagnostic Medicine Records – 1/8/03-10/1/03
9. Chiropractic Records – 1/7/03-8/20/04
10. Alamo Bone & Joint Records – 11/25/03-7/21/05
11. Psychological Evaluation – 10/21/03
12. Sendero Imaging & Treatment Center Records – 11/25/03
13. Methodist Specialty Transplant Records- 12/20/03-9/9/04
14. Trinity Clinical Associates Notes – 2/2/04 – 7/21/04
15. Spine Resource Consultants – 3/28/04
16. San Antonio Orthopaedic Group Records – 4/28/04
17. Paso Del Norte Surgery Center Operative Report – 7/8/04
18. CT Scan – 7/8/04
19. Martin J. Wiesenthal, MD Records – 9/1/04
20. EMG & Nerve Conduction Study Reports – 9/22/04, 9/25/04
21. Skinner Clinic Notes – 5/23/05-7/11/05
22. Physical Therapy/Chronic Pain Management Notes – 9/12/02-1/2/03
23. Pain Management Re-Evaluations – 8/26/04-10/22/04
24. Acupuncture Notes – 10/4/04-11/17/04

Decision

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

Rationale/Basis for Decision

The MAXIMUS physician consultant indicated that this 52-year old female has a history of injury of trauma sustained to the pelvis and lumbar spine during a fall. The MAXIMUS physician consultant noted that this fall resulted in bilateral L4-L5 and S1 nerve root changes which can cause a neurogenic bladder. The MAXIMUS physician consultant explained the patient complained that the fall from a ladder has caused urgency and stress incontinence which she has experienced since the fall. The MAXIMUS physician consultant also indicated that the standard of care for evaluation and treatment of this patient's condition includes cystoscopy, urodynamic studies and intravenous pyleogram (IVP).

Therefore, the MAXIMUS physician consultant concluded that the requested cystoscopy, urodynamic studies and IVP are medically necessary for treatment of this patient's condition.

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

Lisa Gebbie, MS, RN
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 2nd day of September 2005.

Signature of IRO Employee: _____
External Appeals Department