

August 9, 2005

VIA FACSIMILE
Service Lloyds Insurance Company
Attn: Robert Josey

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-2038-01
TWCC #:
Injured Employee:
Requestor:
Respondent: Service Lloyds Insurance Company
MAXIMUS Case #: TW05-0152

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 neurology 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 26-year old male who sustained a work related injury to his back on _____. The patient reported injury occurred when he felt a sharp pain to the lower back while bending and pulling glued carpet with both hands while standing. He continues with low back pain and more recently reports numbness down the left leg into the foot. An MRI on 3/25/05 indicated mild broad based disc bulge at L4-5 resulting in a mild degree of central canal stenosis and left paracentral disc protrusion at L5-S1 resulting in minimal mass effect upon the left S1 nerve root as well as mild left sided neural foraminal stenosis. Treatment has included physical therapy, myoneural injections and medication. A discogram at L3-4, L4-5, and L5-S1 with fluoroscopy and post CT scan has been recommended for treatment of his condition.

Requested Services

Preauthorization for discogram at L3-4, L4-5, and L5-S1 with fluoro and post CT scan

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

Documents Submitted by Requestor:

1. MRI - 6/20/05
2. Houston Neurology Associates review of documents – 5/25/05

Documents Submitted by Respondent:

1. Carrasco Pain Institute Evaluation – 4/6/05
2. Carrasco Pain Institute Follow-up Notes – 5/26/05, 6/9/05
3. Carrasco Pain Institute Operative Report – 4/14/05, 4/25/05, 7/7/05
4. MRI – 6/20/05

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 involves a 26-year old man having injured his lumbar spine on _____. The MAXIMUS physician reviewer noted that the EMG and nerve conduction studies were essentially normal except questionably significant prolongation of left peroneal F-wave. The MAXIMUS physician reviewer further noted that examination showed positive findings with straight leg raises, mild sensory loss of the left leg, and normal motion and reflex examination. The MAXIMUS physician reviewer explained that the initial MRI indicated possible discitis. The MAXIMUS physician reviewer also explained the patient failed physical therapy, medications and epidural injections. The MAXIMUS physician reviewer indicated there is no evidence that a follow-up MRI was performed to determine if the patient has discitis. The MAXIMUS physician reviewer noted that the utility of discograms is questionable for many patients.

Therefore, the MAXIMUS physician consultant concluded that preauthorization for discogram at L3-4, L4-5, and L5-S1 with fluoro and post CT scan is not medically necessary for treatment of 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

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 9th day of August 2005.

Signature of IRO Employee: _____
External Appeals Department