

August 24, 2005

VIA FACSIMILE
Employers General Insurance
Attn: Neal Moreland

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-2157-01
TWCC #:
Injured Employee:
Requestor:
Respondent: Employers General Insurance
MAXIMUS Case #: TW05-0165

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 64-year old male who sustained a work related injury on _____. The patient reported he was standing on a toolbox on the side of a truck and slipped off hitting the ground headfirst. He reported pain in the neck, shoulders and arms since that time. Treatment has included medications, spine and elbow surgery, chiropractic care, physical therapy, and epidural steroid injections. Diagnoses include C4-5 cervical disc disease with left C5 radiculopathy, pain in shoulder joint, cervicgia, and pain in the soft tissue of limbs. Depo medrol and marcaine injections have been recommended for further treatment of this patient's condition.

Requested Services

Cervical depo medrol and marcaine injections

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

Documents Submitted by Requestor:

1. Employers Claims Adjustment Services, Inc. Letters – 7/29/05,
2. Corvel Denial Determination Letters – 6/17/05, 7/6/05
3. Physician Advisor Referral Form – 6/16/05
4. Corvel Corporation – Preauthorization Department Review – not dated
5. Corvel Corporation Preauthorization Department Denial Rationale – not dated
6. Letters to Robert Coolbough, DC from Robert H. LeGrand, MD – 6/2/05, 6/13/05, 6/27/05
7. Cervical myelogram – 6/10/05
8. CT evaluation of cervical spine – 6/10/05
9. MRI of cervical spine – 4/28/05

Documents Submitted by Respondent:

1. Preauthorization Determination – 6/17/05, 7/6/05

Decision

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

Rationale/Basis for Decision

The MAXIMUS physician consultant explained that this patient has multiple level degenerative changes in the cervical spine. The MAXIMUS physician consultant indicated he has had previous fusion at 2 levels in 1999. The MAXIMUS physician consultant noted his degenerative changes are not at C4-5 and C3-4. The MAXIMUS physician consultant also noted his chronic neck pain is post-surgical and is not likely to respond to epidural steroid injections due to multiple degenerative levels and bilateral pathology. MAXIMUS CHDR physician consultant indicated the patient has chronic failed neck degenerative syndrome and no further intervention with injections are warranted.

Therefore, the MAXIMUS physician consultant concluded that requested cervical depo medrol and marcaine injections are not 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 24th day of August 2005.

Signature of IRO Employee: _____
External Appeals Department