

August 30, 2005

VIA FACSIMILE
Brad Burdin, DC
Attn: Jessica

VIA FACSIMILE
City of San Antonio/MAC
Attn: Robert Josey

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-05-2180-01
TWCC #:
Injured Employee:
Requestor: Brad Burdin, DC
Respondent: City of San Antonio/MAC
MAXIMUS Case #: TW05-0169

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 lifting a stretcher onto an ambulance, he injured his back. He reported an immediate onset of sharp pain in the low back and developed pain to the right lower extremity. Treatment has included medications, spine and elbow surgery, chiropractic care, physical therapy, and epidural steroid injections. Diagnoses include muscle spasm, large (L4-5) disc herniation and radiculopathy. Work conditioning for six weeks has been recommended.

Requested Services

Preauthorization request for 6 weeks of work conditioning.

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

Documents Submitted by Requestor:

1. Clinical Information / notes (Dr. Brad Burdin, DC) – 12/31/04-7/27/05
2. Initial Evaluation (Dr. Kothmans, DC) – 12/9/04
3. Office and Procedure Notes (David M. Hirsch, DO) – 3/31/05, 1/11/05, 2/16/05, 2/24/05, 3/24/05, 4/21/05, 5/19/05, 7/8/05
4. Assessment (Mark K. Dedmon) – 1/18/05
5. Neuromuscular Institute of Texas Records – 12/16/04, 1/4/05, 3/1/05, 3/29/05, 5/10/05
6. Initial Evaluation (Timothy J. Fahey, DC) – 4/12/05
7. X-ray of Lumbar Spine – 12/13/04
8. MRI of Lumbar Spine – 12/13/04

Documents Submitted by Respondent:

1. Position Statement – 8/10/05
2. Medical Audit Consultants – 6/2/05, 6/8/05, 6/2/05
3. Independent Medical Evaluation - 4/12/05

Decision

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

Rationale/Basis for Decision

MAXIMUS CHDR chiropractor consultant indicated the patient was referred for a work conditioning program. MAXIMUS CHDR chiropractor consultant noted an FCE dated 5/10/05 noted that the patient was able to perform knee level lifting of 150 pounds, floor level lifting of 146 pounds, waist level lifting of 80 pounds and overhead lifting of 60 pounds. MAXIMUS CHDR chiropractor consultant explained that the patient had a dynamic lift of 60 pounds. MAXIMUS CHDR chiropractor consultant also indicated that according to the Dictionary of Occupational Titles, physical demand level for a paramedic is listed as very heavy. MAXIMUS CHDR chiropractor consultant noted the physical demand level for a very heavy job is occasional lifting of greater than 100 pounds, frequently lifting of greater than 50 pounds and constantly lifting greater than 20 pounds. MAXIMUS CHDR chiropractor consultant indicated this patient exceeded the lifting capacities for the physical demand level for his job as a paramedic. MAXIMUS CHDR chiropractor consultant explained that with the ability to perform functionally as a paramedic, the work conditioning program is not medically necessary to treat this patient's condition.

Therefore, the MAXIMUS chiropractor consultant concluded that requested work hardening is 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 30th day of August 2005.

Signature of IRO Employee: _____
External Appeals Department