

November 22, 2005

VIA FACSIMILE
JI Specialties
Attention: Julie Brantley

VIA FACSIMILE
Jonathon Gentry, MD
Attention: Lisa Guerrero

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0098-01
DWC #: _____
Injured Employee: _____
Requestor: Jonathon Gentry, MD
Respondent: JI Specialties
MAXIMUS Case #: TW05-0208

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308 which allows for a dispute resolution by an IRO.

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 who is board certified in orthopedic surgery on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the approved doctor list (ADL) of DWC or has been approved as an exception to the ADL requirement. A certification was signed that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. 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 an adult female who sustained a work related injury on _____. The patient reported that on a windy day she was hit by a door van that pinned her against the door jam of the truck and bounced against her a few times striking her low back. She reported that she developed low back pain and that she had not had back pain before. She continues to have low back pain and right leg pain. Evaluation and treatment have included epidural steroid injections, surgery, physical therapy, medications, MRI, and CT scan. Diagnoses have included recurrent

herniated disc, posterior facet hypertrophy, degenerative disc disease, and chronic pain syndrome.

Requested Services

Posterior fusion L4-5 and L5-S1 with transforaminal and lateral interbody fusion.

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

Documents Submitted by Requestor:

1. Southwest Neuroscience & Spine Center Records – 5/10/04- 7/26/05
2. Texas Diagnostic Imaging Reports – 7/18/05
3. BSA Health System CT Reports – 3/26/04
4. Amarillo Laboratory/Pathology Reports – 3/26/04, 5/11/04

Documents Submitted by Respondent:

1. Preauthorization Denial Letter – 7/12/05-8/22/05
2. Southwest Neuroscience & Spine Records – 2/20/04-7/5/05
3. Texas Diagnostic Imaging Reports – 10/24/03-7/19/04
4. Notice of Referral to Physician Advisor – 8/19/05
5. Preauthorization Requests & Authorization Logs 10/29/03-8/19/05
6. Designated Medical Examination – 3/23/05
7. High Plains Rehabilitation Association Records – 9/14/03-3/28/05
8. Tori Marnell, MD Office Record – 11/29/04
9. BSA Health System CT Reports – 3/26/04

Decision

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

Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

Rationale/Basis for Decision

The MAXIMUS physician consultant indicated there is no class I peer reviewed literature to support 2-level fusion surgery for chronic low back pain. The MAXIMUS physician consultant noted that the Cochrane Review reports the most recent study to compare the efficacy of conservative interventions to fusion surgery. (Gibson J, Alastair, JN, Waddell G, Gibson JA. Surgery for degenerative lumbar spondylosis: Updated Cochrane Review. Spine. 30(20):2312-2320, October 15, 2005) The MAXIMUS physician consultant explained that the study demonstrated that non-operative treatment is better for 2 level degenerative disc disease. The MAXIMUS physician consultant also indicated that the efficacy of fusion surgery for 2 level degenerative disc disease has not been established in the peer reviewed literature to date. The

MAXIMUS physician consultant noted the patient has chronic pain and she is not likely to have her pain relieved with 2-level fusion surgery. The MAXIMUS physician consultant explained that the success rate of 2-level fusion surgery in patients who have back related disability and pain is very low. (Gibson J, Waddell G, Gibson JA. Surgery for degenerative lumbar spondylosis. Cochrane Database Syst Rev. 2005 Oct 19;(4):CD001352.)

Therefore, the MAXIMUS physician consultant concluded that the proposed posterior fusion L4-5 and L5-S1 with transforaminal and lateral interbody fusion is not medically necessary for treatment of the patient's condition.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,
MAXIMUS

Lisa Gebbie, MS, RN
State Appeals Department

cc: Division of Workers Compensation

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 22nd day of November 2005.

Signature of IRO Employee: _____
External Appeals Department