

November 8, 2005
November 4, 2005

VIA FACSIMILE
Travelers Property & Casualty
Attention: Jennifer Schafer

AMENDED NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0101-01
DWC #: _____
Injured Employee: _____
Requestor: _____
Respondent: Travelers Property & Casualty
MAXIMUS Case #: TW05-0209

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 neurology 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 a 39-year old female who sustained a work related injury on _____. The patient reported that she did data entry for 18-years and injured her right hand, upper arm, shoulder and neck from performing repetitive motions. She also reported that she developed pain in her right side of her neck, numbness and tingling in her right arm. Diagnoses have included two level cervical disc disease, cervical and radicular upper extremity pain, cervical disc spondylosis and right-sided cervical radiculopathy. Evaluation and treatment have included electrodiagnostic studies, epidural steroid injections, medication and physical therapy.

Requested Services

Repeat MRI Cervical Spine and EMG/NCV Upper Right Extremity.

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

Documents Submitted by Requestor:

1. Letter from Mark Doyle, MD – 10/11/05

Documents Submitted by Respondent:

1. Determination Letters – 7/25/05, 8/25/05
2. Mark A. Doyle, MD Reports – 9/13/04, 10/22/04,
3. Texas Back Institute Plano Letters and Records – 4/19/04, 5/10/04, 5/18/04, 8/2/04, 3/8/05, 3/29/05, 4/5/05, 5/18/04, 6/14/05, 7/12/05
4. Parker Road Surgery Center Records – 10/28/03, 2/1/05, 3/29/05
5. Preston Road Surgery Center – 1/8/04, 1/15/04
6. Letter of Medical Necessity – 1/2/04
7. Designated Doctor Evaluation – 9/25/04
8. American Pain & Wellness Records – 9/15/03, 12/4/03, 12/15/03, 1/26/04, 2/9/04, 3/15/04, 3/24/04, 4/7/04, 9/13/04
9. The Well Being Group Psychometric Test Results and Behavioral Medicine Evaluation – 6/10/04, 6/22/04
10. Cervical Myelogram & Post Myelogram CT – 5/4/04
11. MRI – 4/2/04
12. Neurology Evaluation – 7/7/03, 8/11/03

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 the patient has had extensive evaluations including MRI and a cervical myelogram in September 2004 with the latter demonstrating only bulging at C5, C6 and a small protrusion at C6, C7. The MAXIMUS physician consultant noted the member also had electrodiagnostic testing in July 2003 that was unremarkable. The MAXIMUS physician consultant explained the patient was treated with physical therapy and Neurontin and has followed up with her neurologist. The MAXIMUS physician consultant also explained she was evaluated by a pain management service and was treated with epidural blocks, Zanaflex and had been diagnosed with myofascial pain. The MAXIMUS physician

consultant noted she had repeat EMG's on 5/10/04 which were notable for denervation in the right deltoid and paraspinal muscles. The MAXIMUS physician consultant explained the patient continues to be symptomatic with regard to her neck pain radiating into the right arm and that she has not responded adequately to conservative treatment. The MAXIMUS physician consultant also explained there is already objective findings demonstrated by electrodiagnostic testing and MRI/myelography that are fully adequate on which to guide decision making concerning a surgical approach to the patient's neurological problems. The MAXIMUS physician consultant indicated there is no evidence in the medical records of any interval worsening or new findings or new complaints that would warrant repeat testing.

Therefore, the MAXIMUS physician consultant concluded that the proposed repeat MRI cervical spine and EMG/NCV upper right extremity is not medically necessary for treatment of the member'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 4th day of November 2005.

Signature of IRO Employee: _____
External Appeals Department