

November 17, 2005

VIA FACSIMILE
St. Paul Fire & Marine Insurance
Attention: Jeanne Schafer

VIA FACSIMILE
John Sazy, MD
Attention: Kristi S.

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0116-01
DWC #: _____
Injured Employee: _____
Requestor: John Sazy, MD
Respondent: St. Paul Fire & Marine Insurance
MAXIMUS Case #: TW05-0220

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 a 31-year old male who sustained a work related injury on _____. The patient reported that he was working as an ironworker connecting beams when a beam hit him on his head and neck. He reported that he did not fall or lose consciousness. He has also reported back and leg pain. Evaluation and treatment have included trigger point injections, epidural steroid injections, physical therapy, aquatic therapy, medications and an MRI. Diagnoses have

included low back pain/strain, lumbar disc herniation, lumbosacral radiculitis and lumbar facet dysfunction.

Requested Services

Preauth for L5-S1 transforaminal lateral interbody fusion, posterior spinal fusion.

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

Documents Submitted by Requestor:

1. Office notes from John Sazy, MD - 5/23/04-7/18/05
2. Radiology report – 4/25/05
3. Procedure reports – 6/24/05, 6/8/05
4. Office procedure note – 6/22/05

Documents Submitted by Respondent:

1. Carrier's Position – 10/27/05
2. Preauthorization request – 8/2/05
3. Preauthorization determinations– 8/8/05, 8/10/05

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 that this patient has a history of neck, back, and leg pain since _____. The MAXIMUS physician consultant noted an MRI showed disc abnormalities at levels L4-5 and L5-S1. The MAXIMUS physician consultant explained that with 2 level disc abnormality, the patient is unlikely to improve with fusion surgery. The MAXIMUS physician consultant also indicated there is no data to suggest that fusion surgery is better than conservative therapy such as physical therapy and non steroidal anti-inflammatory drugs (NSAIDs) in patients with lumbar degenerative disc disease, especially at two levels. The MAXIMUS physician consultant noted that there is no evidence of spinal instability. The MAXIMUS physician consultant explained that literature supports the case for non-operative management of this patient's condition. (Gibson JN, Waddell G. Surgery for degenerative lumbar spondylosis: updated Cochrane Review. Spine. 2005 Oct 15;30(20):2313-20.)

Therefore, the MAXIMUS physician consultant concluded that the proposed L5-S1 transforaminal lateral interbody fusion, posterior spinal fusion 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 17th day of November 2005.

Signature of IRO Employee: _____
External Appeals Department