

November 2, 2005

VIA FACSIMILE
Daniel Shalev, MD
Attention: Mindy

VIA FACSIMILE
Downs and Stanford PC
Attention: W. Jon Grove

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0132-01
DWC #: _____
Injured Employee: _____
Requestor: Daniel Shalev, MD
Respondent: Downs and Stanford PC
MAXIMUS Case #: TW05-0216

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 neurosurgery 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 male who sustained a work related injury on _____. The patient reported that his vehicle was hit from behind by another vehicle. He also reported hitting his head and shoulder on the side door. Evaluation and treatment have included MRI's, bone scan, medications, spinal fusion, epidural steroid injections, physical therapy and radiofrequency neurectomy. Diagnoses have included chronic, intractable lumbar midline pain, depression, insomnia and headaches.

Requested Services

Preauthorization denied for lumbar epidural steroid injections x1 w/fluoroscopic guidance and anesthesia.

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

Documents Submitted by Requestor:

1. Neuro Spine Consultants, PA Patient Referral Form – 5/28/03
2. MRI – 10/8/02
3. Southwestern Pain Institute, PA Letter of Appeal – 9/4/05
4. Prescription for Evaluation and Treatment - 9/26/02
5. Texas Outpatient Reconsideration Decision Non-Authorization – 8/29/05
6. Texas Outpatient Reconsideration Decision Non-Authorization – 8/16/05
7. Southwestern Pain Institute Preauthorization Request Form – 8/23/05
8. Southwestern Pain Institute Progress Note – 8/19/05
9. Prescription for Lumbar ESI x 1 – 8/3 (no year)
10. North Texas Neurosurgical Associates, PA SOAP Note – 7/6/05
11. Southwestern Pain Institute Follow-up Evaluation – 7/20/05
12. Southwestern Pain Institute Letter – 2/8/05

Documents Submitted by Respondent:

1. Carrier's Position Statement – 10/24/05
2. Texas Outpatient Reconsideration Decision Non-Authorization – 8/29/05
3. Texas Peer Review Medical Evaluation – 4/2/04
4. Progress Note – 5/11/05, 4/18/05, 7/8/05
5. Intraoperative Neurophysiology Monitoring Summary – not dated

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 clear medical indication for the requested epidural steroid injection. The MAXIMUS physician consultant noted the patient recently underwent a lumbar discectomy and fusion procedure. The MAXIMUS physician consultant explained the patient is only six months from surgery. The MAXIMUS physician consultant also indicated there are no clear findings of radiculopathy.

Therefore, the MAXIMUS physician consultant concluded that lumbar epidural steroid injections x1 w/fluoroscopic guidance and anesthesia is not medically necessary for treatment of the member's condition.

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. 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. The Division is not considered a party to the appeal.

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 2nd day of November 2005.

Signature of IRO Employee: _____
External Appeals Department