

January 17, 2006

VIA FACSIMILE  
Zurich c/o FOL  
Attention: Katie Foster

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-06-0247-01**  
**DWC #:**  
**Injured Employee:**  
**Requestor:**  
**Respondent: Zurich c/o FOL**  
**MAXIMUS Case #: TW05-0227**

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 chiropractor on the MAXIMUS external review panel that is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor on the MAXIMUS external review panel that is familiar with the condition and treatment options at issue in this appeal. This physician is board certified in neurosurgery. The reviewers have met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing providers have 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 reviewers 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 \_\_\_\_\_. Records indicate that the member incurred injury to her neck while in a bending over position and lifting glass plates. The member reported pain in her neck and down to her hand and fingers. Diagnoses included carpal tunnel syndrome, cervical radiculopathy, right shoulder impingement, cervical spondylosis, C4-5 disc herniation and adjustment disorder. Evaluation and treatment have included MRIs, physical therapy and a shoulder injection.

## Requested Services

Preauthorization Request for cervical myelogram w/ post ct

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

### *Documents Submitted by Requestor:*

1. Carrier's Position Statement – 10/27/05

### *Documents Submitted by Respondent:*

1. Evaluation Reports – 10/27/04, 11/23/04
2. Progress Notes – 9/20/05
3. Chart Notes from Benjamin J. Cunningham, MD – 5/24/05
4. Behavioral Medicine Record – 9/19/05
5. Diagnostic Testing (MRI, EMG, ) Reports – 10/15/03, 9/15/04
6. Functional Testing & Progress Reports – 9/14/04-1/23/05
7. Peer Review Reports – 12/22/04, 5/4/05

## Decision

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

## 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 chiropractor consultant indicated the member was injured on \_\_\_ and received passive and active therapies to the cervical spine and upper extremities. The MAXIMUS chiropractor consultant noted her symptoms persisted and she was referred for an orthopedic consultation on 5/24/05. The MAXIMUS chiropractor consultant explained that the orthopedic surgeon recommended a cervical myelogram with post CT scan to evaluate any neurocompressive pathology in the neck. The MAXIMUS chiropractor consultant also explained that according to the North American Spine Society's 2002 clinical guidelines, the member was in the surgical phase of care at the time the myelogram was recommended. The MAXIMUS chiropractor consultant indicated that the surgical phase of care has interventions that includes "structural diagnostic testing" (i.e., magnetic resonance imaging, computed tomography, myelography). The MAXIMUS chiropractor consultant indicated that the requested myelogram with post CT scan of the cervical spine is consistent with standards of treatment for this patient's condition. (Clinical Guidelines for Multidisciplinary Spine Care Specialty, North American Spine Society, 2002)

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization cervical myelogram w/ post ct is 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 January 2006.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department