

November 29, 2005

VIA FACSIMILE

City of Austin/JI Specialty Services, Inc.

Attention: Paul T. Geibel, MD

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0253-01
DWC #:
Injured Employee:
Requestor:
Respondent: City of Austin/JI Specialty Services, Inc.
MAXIMUS Case #: TW05-0228

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 an adult female who sustained a work related injury on _____. The patient reported that she sustained a work related injury to her back while lifting computers onto high and low shelving in the property control room at work. She also reported that she had a long history of neck and low back pain ongoing for several years prior to the _____ injury. Evaluation and treatment have included chiropractic treatments, MRI, nerve conduction studies/electromyography, medication, and CT scan. Diagnoses have included herniated discs with radiculopathy, occipital neuralgia, myofascial pain, epidural steroid injections and symptomatic lumbar spondylosis without myelopathy.

Requested Services

Inpt stay X 4 days for L5-S1 laminectomy, posterior lateral fusion, posterior lumbar interbody fusion, instrumentation, BMP.

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

Documents Submitted by Requestor:

1. None submitted.

Documents Submitted by Respondent:

1. Patient Office Visit Reports – 12/22/03-4/19/05
2. Pain Management Letter of Medical Necessity – no date
3. Initial Evaluation/Consultations – 12/1/03, 2/6/04, 3/11/04
4. Consultation Notes – 9/29/03, 3/11/04
5. Independent Medical Evaluation – 3/16/04
6. MRI – 10/28/03
7. Nerve Conduction Study and Electromyography – 2/6/04
8. Exam Study – 1/29/04
9. Retrospective Medical Review of Records – 4/22/04, 5/6/04
10. South Texas Spinal Clinic Records – 5/27/04-3/31/05
11. Bruce Kinzy MD Records – 2/6/04-3/18/05
12. Post Examination Follow-up Telephone Conversation – date not legible.
13. Dr. Steve Minor's Records – 10/22/03-3/8/04
14. River Ranch Radiology Records – 10/28/03-8/27/04
15. Maximum Medical Improvement (MMI) Evaluation Report – 2/4/05
16. Neuropsychological Evaluation – 2/4/04
17. TREK Mobile Diagnostic Records – 1/19/05
18. Operative Reports – 11/18/04, 6/27/05
19. Sendro Imaging & Treatment Center Records – 6/27/05
20. Required Medical Evaluation – 5/11/05
21. Electrotherapy Unit Supply Order – 9/24/03
22. Pain Management Solutions Records - 6/3/04, 6/4/04, 9/1/04
23. Christus Spohn Health System Records – 3/9/04-12/28/04
24. Corpus Christi MRI Center Records – 11/4/05
25. Ambulance Report – 3/9/04
26. Beeville Orthopedic Physical Therapy – 9/28/04
27. Rehab Affiliates Records – 3/1/04-9/28/04
28. Orthopedic Associates of Corpus Christi Records - 9/29/04-11/30/04
29. CT Report – 8/27/04
30. Charles Murphy, MD Records – 6/29/04-7/27/04

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 the patient has no clear indication for the proposed operative procedure. The MAXIMUS physician consultant noted that the patient has no clearly determined site of pain generation. The MAXIMUS physician consultant explained that the use of bone morphogenetic protein (BMP) is an off-label and contraindicated use in this case and is being proposed as an adjunct to posterior lumbar interbody fusion. The MAXIMUS physician consultant also explained that the proposed surgery is not medically necessary for treatment of this patient's condition.

Therefore, the MAXIMUS physician consultant concluded that the proposed Inpt stay X 4 days for L5-S1 laminectomy, posterior lateral fusion, posterior lumbar interbody fusion, instrumentation, BMP 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 29th day of November 2005.

Signature of IRO Employee: _____
External Appeals Department