

November 17, 2005

VIA FACSIMILE
TASB Risk Management Fund
Attention: Jackie Rosga

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0297-01
DWC #:
Injured Employee:
Requestor:
Respondent: TASB Risk Management Fund
MAXIMUS Case #: TW05-0223

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 52-year old female who sustained a work related injury on _____. The patient reported that while working as a schoolteacher, she was trying to break up a fight among children when one child pushed her to the ground. She reported that she fell on her left hip. Evaluation and treatment have included an MRI, a CT scan, physical therapy, epidural steroid injections and medications. Diagnoses have included chondromalacia, lumbar strain with multiple disc protrusions, and contusion of left hip, cervical strain, cerebral concussion and headaches.

Requested Services

Peauthorization request for L5-S1 discogram and post CT scan

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

Documents Submitted by Requestor:

1. None submitted

Documents Submitted by Respondent:

1. Preauthorization denials and rationale – 8/4/05, 8/26/05
2. EMG/MCV report – 7/6/05
3. Impairment Rating Evaluation Report – 5/9/05
4. Peer Review Report – 1/19/05
5. Designated Doctor Evaluations – 3/23/05, 5/5/05
6. Case Management Notes – 8/13/04-1/3/05
7. MRI Report – 10/19/04
8. X-ray Reports – 5/13/04
9. Emergency Medical Notes – 5/13/04
10. Chiropractic Medical Notes – 5/19/05
11. Medical Doctor Notes – 6/3/04-8/10/05
12. Required Medical Examination Report – 9/23/04

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 had a work related injury on ___ and has multiple complaints including chronic low back pain. The MAXIMUS physician consultant noted she had an MRI on 10/19/04 that showed some diffuse arthritic changes and L3-4, L4-5, and L5-S1 disc abnormalities. The MAXIMUS physician consultant explained that a discogram is not indicated because the patient is not a candidate for spinal fusion surgery. The MAXIMUS physician consultant indicated the discogram with CT scan has no other role and does not provide any additional evidence for non-operative management of the patient's condition. The MAXIMUS physician consultant noted this patient does not have a neurologic deficit and does not have any evidence of spine instability. (Gibson J, Waddell G, Grant IC. Surgery for degenerative lumbar spondylosis. Cochrane Database Syst Rev. 2005 Apr 18; (2): CD001352., Gibson J, Waddell G. Surgery for degenerative lumbar spondylosis. Cochrane Database Syst Rev. 2000; (3): CD001352)

Therefore, the MAXIMUS physician consultant concluded that the proposed L5-S1 discogram and post CT scan 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