

December 29, 2005

VIA FACSIMILE

ARCFI

Attention: Raina Robinson

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-06-0394-01**

**DWC #: \_\_\_\_\_**

**Injured Employee: \_\_\_\_\_**

**Requestor: \_\_\_\_\_**

**Respondent: ARCFI**

**MAXIMUS Case #: TW05-0240**

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 55-year old male who sustained a work related injury on \_\_\_\_\_. The patient reported that while working as a bicycle assembler, he was unloading bicycles from an outside trailer when he was struck by falling merchandise. He suffered injury to his groin, and cervical, thoracic and lumbar spine. Evaluation and treatment have included medications, TENS unit, exercises, chiropractic treatment, hernia and spine surgery, diagnostic testing, steroid injections and physical therapy. Diagnoses have included lumbar contusion, cervical and thoracic sprain, right inguinal sprain, lumbar spondylosis, cervical canal stenosis, thoracic muscular dysfunction and lumbago.

## Requested Services

Preauthorization for L-Spine MRI w/o contrast.

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

### *Documents Submitted by Requestor:*

None submitted.

### *Documents Submitted by Respondent:*

1. Independent Review Organization (IRO) Summary – 12/5/05
2. ARCFI Determinations – 10/12/05, 11/8/05
3. Employer's First Report of Injury or Illness – \_\_\_\_\_
4. Pain Management Records – 1/22/04-8/2/05
5. El Paso Surgical Associates Records – 2/2/04-3/22/04
6. Diagnostic Test Reports (e.g., EMG, MRIs, nerve conduction velocity study, etc) – 2/12/05, 9/9/04, 2/7/05
7. Chiropractic Records – 2/18/04-3/22/05
8. Hospital Records – 2/20/04, 9/7/04-9/10/04
9. Operative Reports – 8/10/95, 3/15/04, 6/28/04, 7/23/04, 9/7/04, 9/22/05
10. Investigative Report – not dated
11. Orthopedic and Miscellaneous Medical Records – 9/18/95, 6/4/04, 7/19/04, 8/6/04, 9/1/04, 9/22/04, 10/22/04, 1/5/05, 1/6/04, 2/1/05, 2/15/05, 4/13/05, 5/20/05, 6/3/05, 6/8/05, 6/21/05, 7/12/05, 7/12/05, 7/13/05, 8/12/05, 8/19/05, 9/13/05, 10/7/05, 10/10/05, 10/21/05, 1/6/04
12. Required Medical Evaluations – 8/6/04-8/9/04
13. Behavioral Medicine Records – 3/11/05
14. Physical Performance Evaluation/Functional Capacity Assessments – 5/5/05, 7/8/05, 8/31/05
15. Neurological Surgery Records – 7/21/05
16. Letters - 5/28/96, 7/1/96, 7/31/95, 8/31/95, 7/28/95, 8/18/95
17. Physical Therapy & Work Hardening Records – 2/2/04-8/16/05

## 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 there is no clear indication in the case file documentation for the requested MRI of the lumbar spine. The MAXIMUS physician consultant noted there is no evidence of radiculopathy or any neurologic abnormality by history or by EMG. The MAXIMUS physician consultant explained there is no supporting documentation for the requested MRI.

Therefore, the MAXIMUS physician consultant concluded that the request for preauthorization for L-Spine MRI w/o contrast 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 December 2005.

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