

January 26, 2006

VIA FACSIMILE  
Michael Tschickdardt, MD  
Attention: Melanie Gonzales

VIA FACSIMILE  
Liberty Mutual  
Attention: Carolyn Guard

### **NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-06-0465-01**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: Michael Tschickdardt, MD**  
**Respondent: Liberty Mutual**  
**MAXIMUS Case #: TW05-0243**

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 an adult male who had a work related injury on \_\_\_\_\_. The patient reported that while driving a forklift he experienced a popping sensation in his back and persistent low back pain. Evaluation and treatment have included an MRI, x-rays, epidural steroid injections and physical therapy. Diagnoses have included lumbar back pain, lumbar discogenic pain at L5-S1, lumbar spondylosis at L5-S1, a disc bulge and lumbar radiculopathy.

## Requested Services

Preauthorization denied for lumbar discogram with CT scan

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

### *Documents Submitted by Requestor:*

1. Request for Appeal – 11/18/05
2. Comprehensive Pain Management Records and Correspondence – 8/31/05, 9/12/05, 9/20/05
3. Diagnostic Test Reports (i.e., MRIs, x-rays, ) – 12/9/04, 11/30/04
4. South Texas Spinal Clinic Records – 8/25/05
5. Utilization Review Reports – 9/8/05, 9/9/05, 10/14/05, 10/18/05,
6. Preauthorization Forms – 9/6/05, 10/11/05
7. Referral Slip – 9/6/05

### *Documents Submitted by Respondent:*

1. Request for Appeal – 11/18/05
2. Comprehensive Pain Management Records and Correspondence – 9/12/05, 9/20/05
3. Diagnostic Test Reports (i.e., MRIs, x-rays) – 12/9/04, 11/30/04
4. Referral Slip – 9/6/05
5. South Texas Spinal Clinic Records – 8/25/05
6. Utilization Review Reports – 9/9/05, 10/18/05
7. Preauthorization Forms – 9/6/05, 10/11/05, 11/1/05

## 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 also indicated that this patient had a work related injury in \_\_\_\_\_. The MAXIMUS physician consultant also indicated that lumbar discography is not appropriate in this patient because there is no role for fusion surgery. The MAXIMUS physician consultant noted that this patient is not likely to get better with fusion surgery. The MAXIMUS physician consultant explained that recent literature indicates that this patient is more likely to improve with non-operative measures. The MAXIMUS physician consultant explained that since the patient is not a candidate for surgical intervention, a discogram is not medically necessary in this case. (Gibson JN, et al. Surgery for degenerative lumbar spondylosis: updated Cochrane Review. Spine. 2005 Oct 15; 30(20):2312-20)

Therefore, the MAXIMUS physician consultant concluded that the requested lumbar discogram with 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 26th day of January 2006.

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