

January 10, 2006

VIA FACSIMILE
American Home Assurance Co/Downs
Attention: W. Jon Grove

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0532-01
DWC #:
Injured Employee: ____
Requestor: ____
Respondent: American Home Assurance Co/Downs
MAXIMUS Case #: TW05-0251

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 female who sustained a work related injury on _____. The patient reported that she injured the left side of her neck, left shoulder and lower back while lifting cable. Diagnoses included cervical radiculopathy and possible myelopathy getting worse. Evaluation and treatment have included MRIs, x-rays, myelogram, surgery, therapy, medications, and behavioral health services.

Requested Services

Preauthorization Request for cervical myelogram (72240), CT scan cerv spine sectn (72127)

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

Documents Submitted by Requestor:

1. Review Determinations – 8/16/05, 8/29/05
2. Letter from Injured Worker – 10/5/05
3. Orthopedic Records – 7/8/05-8/10/05
4. Letter from Injured Worker's Daughter – 5/22/05
5. MRI Scan Without Contrast (Cervical Spine) – 8/6/05

Documents Submitted by Respondent:

1. Medical Records from 1/25/00-12/15/00
2. Medical Records from 1/5/01-7/20/01
3. Medical Records from Orthopedic Specialists – 8/7/01-2/12/02
4. Medical Records from North Texas Spine Care – 9/11/02
5. Medical Records from Griego Family Medical Center – 8/23/02-8/6/04
6. Medical Records from Karl D. Erwin, MD – 1/23/04
7. Physical Ergonomics Rehabilitation Center of Dallas – 1/23/04
8. Medical Records from Texas Imaging & Diagnostic Center – 8/6/05
9. Medical Records from Dallas Spinal Rehabilitation Center - 2/20/02-6/28/02

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 was evaluated by multiple physicians since her injury in _____. The MAXIMUS physician consultant noted the patient is obese, has fibromyalgia and has had previous surgery. The MAXIMUS physician consultant explained that her physical examination suggests she has no significant radicular symptoms. The MAXIMUS physician consultant also indicated there are no significant symptoms of myelopathy and an MRI on 8/6/05 showed no significant cord compression. The MAXIMUS physician consultant noted that the literature indicates that she is not a candidate for any additional surgical procedure on her neck. The MAXIMUS physician consultant indicated that given her symptoms, MRI results and physical examination results, there is no clinical justification for doing a CT myelogram at this time. (Wright a, et al. Outcomes of disabling cervical spine disorders in compensation injuries. A prospective comparison to tertiary rehabilitation response for chronic lumbar spinal disorders. Spine. 1999 Jan 15;24(2):178-83)

Therefore, the MAXIMUS physician consultant concluded that the requested cervical myelogram (72240), CT scan cerv spine sectn (72127) 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 10th day of January 2006.

Signature of IRO Employee: _____
External Appeals Department