February 1, 2006

VIA FACSIMILE
Dallas Fire Insurance Company
Attention: M. Shane Thompson

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0538-01
DWC #:
Injured Employee:
Requestor:
Respondent: Dallas Fire Insurance Company
MAXIMUS Case #: TW06-0002

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 he fell off a truck when it lurched forward landing on his right side. The patient also reported that he developed pain in his right shoulder, right wrist, neck and lower back. Diagnoses included severe degenerative disc disease, bilateral neuroforaminal stenosis, incomplete rotator cuff tear, cervical and right wrist sprain, radiculopathy, spondylolisthesis, and carpal tunnel syndrome. Evaluation and treatment have included an MRI, a CT scan, epidural blocks, EMG, NCV, shoulder and spine surgery and physical therapy.

Requested Services

Preauthorization request for lumbar laminectomy L2-3, L3-4, L4-5

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

Documents Submitted by Requestor:

1. None submitted.

Documents Submitted by Respondent:

1. Carriers Position Statement – 1/9/06
2. Determination Notes – 10/19/05, 11/11/05
3. Orthopedic Records – 5/15/98-12/9/03
4. Diagnostic Study Reports (i.e., MRIs, CT scans, US, X-rays, etc.) – 5/29/03, 7/15/03, 8/10/04, 10/14/04, 2/11/05
5. Churchill Evaluation Centers Report – 11/18/03, 1/4/05, 1/7/05, 3/4/05, 4/11/05
6. Evaluation & Impairment Rating Reports by Charles Cavaretta, MD – 11/18/03, 1/4/05
7. Independent Review Report – 5/4/05
8. Chiropractic Records – 11/17/03
9. Operative Report – 7/2/03
10. Alivio Treatment Center Initial Examination Form – 10/23/03

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 that lumbar laminectomy is a surgery that is appropriate for spinal stenosis. The MAXIMUS physician consultant explained this is a degenerative condition that causes leg weakness and pain. The MAXIMUS physician consultant noted that this patient has multiple complaints in addition to severe back pain. The MAXIMUS physician consultant also indicated laminectomy is not an effective treatment for back pain. The MAXIMUS physician consultant explained that the requested laminectomy procedure is not indicated for this patient as it is not likely to successfully resolve this patient's condition. (Gibson NJ, Wadell G. 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 laminectomy L2-3, L3-4, L4-5 procedure 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 1st day of February 2006.

Signature of IRO Employee: _____
External Appeals Department