

March 9, 2006

VIA FACSIMILE
John Parker, DC
Attention: Deborah Grace

VIA FACSIMILE
American Home c/o FOL
Attention: Katie Foster

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0730-01
DWC #:
Injured Employee:
Requestor: John Parker, DC
Respondent: American Home c/o FOL
MAXIMUS Case #: TW06-0023

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 chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor 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 have been approved as an exception to the ADL requirement. A certification was signed that the reviewing chiropractic 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 chiropractic 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 while trying to catch a resident who was falling, she fell to the floor sustaining injury to her low back. She also reported some mid back and left arm pain. Diagnoses included adjustment disorder with mixed anxiety and depressed mood, sleep disorder due to injury of the

insomnia type, a contusion of the back and right upper leg, left shoulder strain, low back strain, and Grade I spondylolisthesis. Evaluation and treatment have included an MRI, physical therapy, medications, and chiropractic treatment.

Requested Services

12 visits of rehabilitation of the lumbar spine to include 4 units of 97710 (therapeutic activities) and 2 units of 97140 (tissue mobilization) per session.

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

Documents Submitted by Requestor:

1. Designated Doctor Examination – 10/27/05
2. Physical Performance Evaluation – 12/16/05
3. Chiropractic Notes – 8/24/05-11/5/05
4. Physical Medicine Pre-authorization Request – not dated
5. Orthopedic Peer Review – 11/12/05
6. Initial Functional Capacity Evaluation – 11/8/05
7. Required Medical Examination – 10/21/05
8. Concentra Peer Review – 10/14/05
9. Preauthorization Request for Behavioral Medical Services and Clinical Observations and Comments – 9/21/05
10. Concentra Medical Centers Records – 6/6/05-8/5/05

Documents Submitted by Respondent:

1. Summary of Carrier's Position – 2/8/06
2. Denial Notice – 12/13/05, 12/23/05

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 chiropractic consultant indicated that there is no documentation to support that 12 more visits of the same treatment and therapies that have already been provided are medically necessary for treatment of the patient's condition. The MAXIMUS chiropractic consultant explained that her reported pain has decreased from a level of 7/10 to a level of 2/10. The MAXIMUS chiropractic consultant noted the patient was offered a return to work with restrictions, but she did not go. The MAXIMUS chiropractic consultant also explained there are several pre-existing objective findings that are probably the primary source of her current pain.

The MAXIMUS chiropractic consultant indicated that even her treating doctor felt her care should have been resolved in about 12 weeks and that further care should be for the pre-existing problems. The MAXIMUS chiropractic consultant noted that the patient should have been trained to do all of her therapy at home after 30+ visits. The MAXIMUS chiropractic consultant explained that there is nothing in the records that suggests that doing more therapy would significantly improve the patient's injury from her current level. (Official Disability Guidelines, 2003; The Comprehensive Guide to Work Injury Management.)

Therefore, the MAXIMUS physician consultant concluded that the requested 12 visits of rehabilitation of the lumbar spine to include 4 units of 97710 (therapeutic activities) and 2 units of 97140 (tissue mobilization) per session 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
Yolanda Rigney

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 8th day of March 2006.

Signature of IRO Employee: _____
External Appeals Department