

March 15, 2006

VIA FACSIMILE
Transportation Insurance Company
Attention: James Cassidy

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-0746-01
DWC #:
Injured Employee:
Requestor:
Respondent: Transportation Insurance Company
MAXIMUS Case #: TW06-0031

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 sustained a work related injury on _____. The patient reported that fell 6-8 feet into a ditch onto his back. He also reported loss of consciousness. Diagnoses included herniated disc, stenosis, root compression and radicular pain. Evaluation and treatment have included CT scans, MRIs, injections, and surgery.

Requested Services

Preauthorization for lumbar epidural steroid injection with fluoroscopy X 2.

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

Documents Submitted by Requestor:

1. None submitted

Documents Submitted by Respondent:

1. Determination Notices – 12/28/05, 1/11/06
2. Diagnostic Studies (i.e., CT scans, MRIs, X-rays, myelograms, etc) – 4/28/05, 5/1/05, 6/13/05
3. Letter of Appeal from Patient – 1/17/06
4. Ambulance Report – 4/28/05
5. Emergency Room/Hospital Records – 4/28/05-5/4/05
6. Consultation/Evaluation Records – 5/9/05, 5/19/05, 6/2/05, 6/20/05, 6/30/05, 7/14/05, 9/15/05, 11/28/05, 12/19/05, 1/5/06, 2/15/06
7. Physical Therapy Notes – 5/24/05-2/20/06
8. West Texas Rehabilitation Center Records – 11/17/05-12/9/05
9. Shannon Medical Center Records – 6/7/05-12/13/05
10. DM Cogdell Memorial Hospital Records – 10/19/05, 11/10/05

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 that this patient has documented degeneration at multiple levels in his neck and back. The MAXIMUS physician consultant explained he has already had lumbar decompression surgery and he claims it made his symptoms worse. The MAXIMUS physician consultant noted that a lumbar epidural steroid injection is not likely to provide significant relief in this case. The MAXIMUS physician consultant also explained the patient complains of neck and arm pain with numbness in addition to leg weakness. The MAXIMUS physician consultant indicated he has had lumbar epidural steroid injections twice without success. The MAXIMUS physician consultant noted that another epidural steroid injection is not likely to work. The MAXIMUS physician consultant also noted that the literature does not support this procedure for treatment of this patient's condition. (van Tulder MW, et al. Outcome of invasive treatment modalities on back pain and sciatica: an evidence-based review. Eur Spine J. 2006 Jan; 15 Suppl 1:S82-92. Epub 2005 Dec.)

Therefore, the MAXIMUS physician consultant concluded that the requested lumbar epidural steroid injection with fluoroscopy X 2 are 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 15th day of March 2006.

Signature of IRO Employee: _____
External Appeals Department