

April 24, 2006

VIA FACSIMILE
Ryan N. Potter, MD
Attention: May Delos Santos

VIA FACSIMILE
State Office of Risk Management
Attention: Jennifer Dawson

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1076-01
DWC #:
Injured Employee:
Requestor: Ryan N. Potter, MD
Respondent: State Office of Risk Management
MAXIMUS Case #: TW06-0050

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 anesthesiology 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 a 34 year-old female who sustained a work related injury in _____. She complains of low back pain with radiation to her posterior thighs. She has been diagnosed with lumbar facet syndrome, back pain not otherwise specified and back pain, lumbar not otherwise specified. A MRI of the patient's lumbar spine performed on 12/2/04 revealed mild central disc bulging and degenerative changes at L5-S1. This patient has been treated with epidural steroid injections, medications and physical therapy.

Requested Services

Lumbar facet blocks.

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

Documents Submitted by Requestor:

1. Cover letters from the patient's pain management specialist dated 2/1/06 and 3/3/06
2. Pain management history and physical reports dated 3/28/05 and 1/27/06
3. Report from the MRI of the patient's lumbar spine performed on 12/2/04
4. Notices of Utilization Review Findings dated 2/9/06 and 2/21/06
5. Notice of Intent to Issue an Adverse Determination dated 2/8/06
6. Worker's Compensation Preauthorization forms

Documents Submitted by Respondent:

1. Notice of Employee's Work-Related Injury/Illness dated 9/23/04 and Injury Report
2. Functional Capacity Assessment report dated 4/19/05
3. Progress notes dated 9/24/04 to 1/9/06
4. Physical therapy records from 10/6/04 to 10/21/04
5. Orthopedic surgeon's records from 11/1/04
6. Report from MRI of the patient's lumbar spine performed on 12/3/04
7. Pain Management History and Physical reports dated 3/28/05, 8/29/05, 9/27/05, 11/16/05, 1/11/06 and 1/27/06
8. Letters from Pain Management Specialist dated 2/1/06 and 3/29/05
9. Pain Management records from 6/20/05
10. Operative reports from right L5 and S1 transforaminal epidural steroid injections performed on 8/8/05 and 9/12/05
11. Operative report from right L4 and L5 transforaminal epidural steroid injections performed on 1/12/06
12. Medical evaluation reports dated 3/22/05, 4/19/05, 12/12/05
13. Notices of Utilization Review Findings dated 2/9/06, 2/20/06 and 2/21/06
14. Pre-authorization peer review form dated 2/8/06
15. Claim history printouts
16. Notice of Intent to Issue an Adverse Determination dated 2/8/06
17. Pre-authorization request forms

Decision

The Carrier's denial of authorization for the requested services is overturned.

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 case concerns a 34 year-old female who sustained a work related injury to her back in _____. The MAXIMUS physician consultant also indicated that the medical records provided for review demonstrate that she continues to experience low back pain with radiation to her posterior thighs. The MAXIMUS physician consultant noted that an MRI of her lumbar spine on 12/2/04 revealed a mild central disc bulge and degenerative changes at L5-S1. The MAXIMUS physician consultant also noted that she has been treated with medications and physical therapy. The MAXIMUS physician consultant further noted that she is under the care of a pain management specialist and has undergone epidural steroid injections.

The MAXIMUS physician consultant explained that the medical documentation submitted for review demonstrates that the recommended facet blocks are medically necessary and indicated for treatment of this patient's pain condition. The MAXIMUS physician consultant indicated that she is not considered to be a surgical candidate. The MAXIMUS physician consultant also indicated that she has not responded to multiple conservative treatments and injections. The MAXIMUS physician consultant explained that facet blocks can treat low back pain originating from the facet joints, which are responsible for 15 to 40% of nonradicular low back pain. The MAXIMUS physician consultant also explained that this patient has pain with extension and tenderness over the facet joints and paraspinal muscles, which has been documented in her medical records. The MAXIMUS physician consultant noted that the pain management specialist has clarified that this request is for lumbar facet injections at L4-5 and L5-S1.

Therefore, the MAXIMUS physician consultant concluded that the requested lumbar facet blocks are 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 K. Maguire, Esq.
Project Manager, State Appeals

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 24th day of April 2006.

Signature of IRO Employee: _____
External Appeals Department