

June 26, 2006

VIA FACSIMILE  
Services Lloyds Insurance Company  
Attention: Robert Josey

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-06-1483-01**  
**DWC #:**  
**Injured Employee: \_\_\_\_**  
**Requestor: \_\_\_\_**  
**Respondent: Services Lloyds Insurance Company**  
**MAXIMUS Case #: TW06-0097**

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 specific details about the injury and the patient's diagnoses are not clear from the documentation provided. Evaluation and treatment has included pain management, a dorsal column stimulator, therapy services and injections.

## Requested Services

Preauthorization for bilateral L4-S1 selective nerve root blocks.

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

### *Documents Submitted by Requestor:*

1. None provided

### *Documents Submitted by Respondent:*

1. Determination Notices – 4/27/06
2. Medical Necessity Review Determinations – 12/15/04,2/28/05,6/26/05, 7/7/05, 1/12/06

## 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 the patient had a work related injury several years ago. The MAXIMUS physician consultant also noted he has been to a pain management specialist. The MAXIMUS physician consultant indicated that he had invasive procedures including injections and a dorsal column stimulator. The MAXIMUS physician consultant noted the is now requesting multiple bilateral selective root injections which are typically provided once to determine that patient's response. The MAXIMUS physician consultant explained there is no supporting documentation in the case file for the requested selective nerve root blocks in this case.

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for bilateral L4-S1 selective nerve root blocks 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 26th day of June 2006.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department