

July 27, 2006

VIA FACSIMILE
Services Lloyds
Attention: Robert Josey

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1677-01
DWC #: _____
Injured Employee: _____
Requestor: _____
Respondent: Services Lloyds
MAXIMUS Case #: TW06-0113

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 neurosurgery 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 _____. Records report that while lifting a box with material, the box became unbalanced and he twisted his back. Diagnoses have included low back pain, and lumbar facet pain. Evaluation and treatment have included MRI, physical therapy, and medication.

Requested Services

Preauthorization for lumbar facet blocks L4/L5/S1 bilateral.

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

Documents Submitted by Requestor:

1. None submitted

Documents Submitted by Respondent:

1. Carrier's Position Statement – 7/19/06
2. Determination Notifications – 4/11/06, 5/23/06, 5/30/06, 6/15/06
3. Medical Records Peer Review – 5/21/06
4. Diagnostic Studies (e.g., MRI, etc) – 4/25/06
5. Records & Correspondence from West Texas Neurosurgical Center, PA – 5/15/06

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 lumbar facet blocks are a useful diagnostic procedure, but have never been shown to be efficacious as a therapeutic intervention. The MAXIMUS physician consultant noted that lumbar facet blocks for therapeutic means remain investigational without clearly defined clinical efficacy. The MAXIMUS physician consultant explained van Wijk RM, et al designed a multicenter, randomized, double blind, sham treatment controlled trial to determine the efficacy of radiofrequency facet joint denervation. The MAXIMUS physician consultant also explained that the combined outcome measure showed no difference between radiofrequency facet joint denervation and sham treatment. (van Wijk RM, et al. Radiofrequency denervation of lumbar facet joints in the treatment of chronic low back pain: a randomized, double-blind, sham lesion-controlled trial. Clin J Pain. 2005 Jul-Aug; 21 (4): 335-44. Erratum in: Clin J Pain. 2005 Sep-Oct;21 (5):462.)

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for lumbar facet blocks L4/L5/S1 bilateral are not medically necessary for treatment of the patient'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 27th day of July 2006.

Signature of IRO Employee: _____
External Appeals Department