

August 25, 2006

VIA FACSIMILE
Patrick RE Davis
Attention: Patrick RE Davis

VIA FACSIMILE
Zurich American Insurance Company
Attention: Katie Foster

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-06-1776-01
DWC #: _____
Injured Employee: _____
Requestor: Patrick RE Davis
Respondent: Zurich American Insurance Company
MAXIMUS Case #: TW06-0121

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 had a work related injury on _____. Records report that while operating a cargo van, it was rear ended by another vehicle resulting in lumbosacral spine pain and sharp, shooting, radiating pain into the lower extremities. Diagnoses have included lumbosacral radiculopathy, lumbar disc displacement, lumbar spine pain, and lumbar spondylosis. Evaluation and treatment for this injury has included steroid injections, epidurogram, x-rays, pain medications, and chiropractic treatments.

Requested Services

Preauthorization for physical medicine rehabilitation / therapy 3 X 5 weeks to include CPT code 97110, 97530.

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

Documents Submitted by Requestor:

1. Determination Notices – 6/27/06, 7/6/06, 7/12/06
2. Chiropractic Records and Correspondence – 3/17/06-6/29/06
3. Epidural Steroid Injection Procedure Notes – 6/28/06
4. Request for Reconsideration – 6/13/06
5. Behavioral Health Records and Correspondence - 5/19/06-5/24/06
6. Functional Capacity Evaluation – 2/15/06

Documents Submitted by Respondent:

1. Chiropractic Records and Correspondence – 5/8/06—5/15/06
2. Diagnostic Studies (e.g., EMG, nerve conduction study, MRI, etc.) – 6/2/06-6/13/06
3. Epidural Steroid Injection Procedure Notes – 6/28/06

Decision

The Carrier's denial of authorization for the requested services is partially 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 chiropractor consultant indicated that patient was injured on ___ and underwent conservative treatment to the lumbar spine beginning 5/8/06. The MAXIMUS chiropractor consultant noted that the patient underwent a lumbar epidural steroid injection on 6/28/06. The MAXIMUS chiropractor consultant explained that according to the Official Disability Guidelines, treatment for lumbar disc displacement is 18 visits over 6-8 weeks. The MAXIMUS chiropractor consultant also explained that the guidelines state that, "when treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. If additional circumstances are present, documentation must support the medical necessity". The MAXIMUS chiropractor consultant indicated that since the patient had a lumbar epidural steroid injection, this would be considered an exceptional factor. The MAXIMUS chiropractor consultant indicated that the guidelines also state that, "patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy)". The MAXIMUS chiropractor consultant noted that the treatments in question are for post injection therapy, and therefore an initial course of 6 visits should be sufficient to see if the treatment actually helps the patient. The MAXIMUS chiropractor consultant explained that 6 visits of physical rehabilitation (97530

and 97110) are medically necessary for treatment of this patient's condition. (Official Disability Guidelines, Work Loss Data, 2006.)

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for physical medicine rehabilitation/therapy to include CPT code 97110, 97530 for six visits is medically necessary for treatment of the patient's condition. The MAXIMUS physician consultant also concluded that preauthorization for physical medicine rehabilitation/therapy to include CPT code 97110, 97530 for more than six visits is 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

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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 25th day of August 2006.

Signature of IRO Employee: _____
External Appeals Department