

August 15, 2006

VIA FACSIMILE  
Robert Henderson, MD  
Attention: Amanda S

VIA FACSIMILE  
Carrollton Farmers Branch/JISS  
Attention: Heather Coady

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-06-1779-01**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: Robert Henderson, MD**  
**Respondent: Carrollton Farmers Branch/JISS**  
**MAXIMUS Case #: TW06-0120**

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 a 46-year old male who had a work related injury on \_\_\_\_\_. Records report that while working as a security officer he was struck by a motor vehicle. Diagnoses have included status post total laminectomy for spondylolysis (2002), multiple traumas, back pain, major depressive disorder, cervical and lumbar strains, partial rotator cuff tear, right shoulder impingement, closed fracture of left tibia and lumbar radicular syndrome. Evaluation and treatment for this injury has included MRI and medications.

## Requested Services

Preauthorization for repeat lumbar MRI with/without gadolinium.

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

### *Documents Submitted by Requestor:*

1. Records and correspondence from Robert J. Henderson, MD –2/18/05- 3/13/06
2. MRI Report – 1/17/05

### *Documents Submitted by Respondent:*

1. Medical Review Notes and Correspondence – 2/3/06, 2/14/06, 6/26/06
2. Occupational Therapy Records and Correspondence – 3/31/06-7/11/06
3. Determination Notices – 4/6/05, 11/30/05, 1/17/06, 6/13/06, 6/14/06, 6/23/06, 6/27/06, 6/29/06, 7/5/06
4. Records and correspondence from Dallas Spine Care –1/26/05- 3/13/06
5. Orthopedic Records and Correspondence – 12/21/04-6/8/06
6. Diagnostic Studies (e.g., MRI, x-rays, etc) – 12/2/04-12/9/05
7. Hospital Records – 11/28/03, 12/2/04, 10/6/05
8. Chiropractic Records – 12/16/04-8/12/05
9. Functional Abilities Evaluation – 8/10/05, 8/12/05, 3/30/06
10. Behavioral Health Records – 12/22/05-3/15/06
11. Medical Consultation – 11/21/05
12. North Texas Rehabilitation Center Records – 10/25/05
13. Neurology Records and Correspondence – 1/13/05, 1/29/05
14. Laboratory Results 12/2/04-12/3/04

## 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 there is no clinical indication for a repeat MRI of the lumbar spine at this time. The MAXIMUS physician consultant noted that the member had a previous laminectomy and fusion at L5-S1. The MAXIMUS physician consultant explained that the MRI from 1/17/06 clearly shows degenerative changes at the levels above the fusion. The MAXIMUS physician consultant also explained the patient has chronic back pain that is not likely to improve with additional intervention. The MAXIMUS physician consultant indicated that a repeat MRI is not medically necessary at this time. (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 1.)

Therefore, the MAXIMUS physician consultant concluded that the requested preauthorization for repeat lumbar MRI with/without gadolinium 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 15h day of August 2006.

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