

November 13, 2006

VIA FACSIMILE  
Jacob Rosenstein, MD  
Attention: Jennifer Negri

VIA FACSIMILE  
American Home Assurance Co/ARCM I  
Attention: Raina Robinson

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-07-0033-01**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: Jacob Rosenstein, MD**  
**Respondent: American Home Assurance Co/ARCM I**  
**MAXIMUS Case #: TW06-0142**

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 female who sustained a work related injury on \_\_\_\_\_. The case file records indicate while lifting a heavy box of jeans over her head as a stocker, she developed cervical and low back pain. Diagnoses have included neck pain, headaches, disc protrusion, low back pain, radiculopathy, and lumbar facet syndrome. Diagnosis and treatment for this injury have included CT scans, MRIs, medications, and chiropractic therapy.

## Requested Services

Cervical epidural steroid injection & physical therapy 3 X 4 weeks = 12 visits (neck & low back).

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

### *Documents Submitted by Requestor:*

1. Jacob Rosenstein, MD Records and Correspondence – 7/20/06-9/13/06

### *Documents Submitted by Respondent:*

1. Independent Review Organization Summary – 10/2/06
2. Determination Notices – 1/25/06, 8/7/06, 8/16/06
3. Independent Review Determination – 7/11/06
4. Spinal Injections – 6/2005-7/2206
5. Treatment Records – 12/27/05-7/6/06
6. The Neighborhood Doctor Records and Correspondence – 1/4/06
7. Lone Star Imaging Records – 2/18/06
8. Jacob Rosenstein, MD Records and Correspondence – 3/16/06-9/13/06
9. DNI Diagnostic Neuro Imaging Records – 4/3/06

## 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 the member is an adult female with a neck injury and cervical pain and radiculopathy. The MAXIMUS physician consultant noted that cervical epidural steroid injections and physical therapy for 3-4 weeks was recommended for treatment of her condition. The MAXIMUS physician consultant explained that a cervical epidural steroid injection delivers steroids into the epidural space around spinal nerve roots to relieve cervical radiculopathy and neck pain caused by irritated spinal nerves. The MAXIMUS physician consultant also explained that the steroid used in the epidural steroid injection reduces the inflammation of those nerves, which is often the source of the pain. The MAXIMUS physician consultant indicated that epidural steroid injections are not considered a cure for neck or arm pain. The MAXIMUS physician consultant noted the goal of epidural steroid injections is to help the patient get enough pain relief in order to be able to progress with their rehabilitation program. The MAXIMUS physician consultant also explained that there is no clear neurocompressive lesion in this case that would be amenable to cervical epidural steroid injections. The MAXIMUS physician consultant explained that there is likewise no clear indication for the requested physical therapy. The MAXIMUS physician consultant noted there is no evidence of a clearly defined clinical process or examination. The MAXIMUS physician consultant indicated the member should be independent with a home program of exercise. The MAXIMUS physician consultant explained there is no clear indication for the requested

treatment. (Klein GR, et al. Efficacy of cervical epidural steroids in the treatment of cervical spine disorders. Am J Anesthesiol 2000, 9:547-550., Shipman CW, et al. Therapeutic selective nerve root block in the nonsurgical treatment of traumatically induced cervical spondylotic radicular pain. Am J Phys Med Rehabil. 2004 Jun;83(6):446-54., Bush K, et al. The pathomorphologic changes that accompany the resolution of cervical radiculopathy. A prospective study with repeat magnetic resonance imaging. Spine. 1997 Jan 15;22(2):183-6; discussion 187.)

Therefore, the MAXIMUS physician consultant concluded that the requested cervical epidural steroid injection & physical therapy 3 X 4 weeks = 12 visits (neck & low back) 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 13th day of November 2006.

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