

# MAXIMUS

June 13, 2003

Texas Workers Compensation Commission  
Southfield Building, MS48  
4000 S. IH-35  
Austin, Texas 78704-7491

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M5-03-1571-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: Thomas Solby, DC**  
**Respondent: Liberty Mutual Insurance**  
**MAXIMUS Case #: TW03-0263**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

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. The MAXIMUS chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a male who sustained a work related injury on 5/\_\_\_/01. The patient was initially treated conservatively with chiropractic treatment and physical therapy but did not respond. The patient was then referred to a neurosurgeon and a microdiscectomy at the L4-L5 level was performed on 8/10/01. The patient was treated with 24 sessions of post-operative rehabilitation from 10/22/01 through 12/12/01. The patient has a repeat MRI on 12/17/01 due to continued complaints of pain. The patient has experienced several exacerbations requiring treatment.

### Requested Services

Chiropractic treatments from 04/10/02 through 11/01/02.

### Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is overturned.

### Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns male who sustained a work related injury to his back on 5/16/01. The MAXIMUS chiropractor reviewer also noted that the patient underwent a microdiscectomy at the L4-L5 level on 8/10/01. The MAXIMUS chiropractor reviewer further noted that the patient was treated post operatively with rehabilitation from 10/22/01 through 12/12/01. The MAXIMUS chiropractor reviewer indicated that this patient had a 12% impairment rating and had to undergo surgery for a herniated nucleus pulposus. The MAXIMUS chiropractor reviewer explained that surgery does not always solve a trauma. The MAXIMUS chiropractor reviewer also explained that surgery may remove the nerve pressure but not the back pain or irritability. The MAXIMUS chiropractor reviewer indicated that this patient could experience periodic exacerbations of low back pain that would require care. The MAXIMUS chiropractor reviewer noted that chiropractic care was documented as relieving the symptoms and helped keep this patient working. Therefore, the MAXIMUS chiropractor consultant concluded that the chiropractic treatments from 04/10/02 through 11/01/02 were medically necessary to treat this patient's condition.

Sincerely,  
**MAXIMUS**

Elizabeth McDonald  
State Appeals Department