

# MAXIMUS

July 10, 2003

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

## NOTICE OF INDEPENDENT REVIEW DECISION Corrected Letter

**RE: MDR Tracking #: M5-03-2082-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: Central Dallas Rehab**  
**Respondent: St. Paul Fire & Marine c/o Flahive Ogden & Latson**  
**MAXIMUS Case #: TW03-0311**

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 6/\_\_\_/02. The patient reported that while at work he fell off a scaffold and injured his back and shoulder. The patient underwent an MRI scan of the cervical and lumbar areas and an X-Ray of the cervical and lumbar spine. The diagnoses for this patient included lumbar disc disorder with myelopathy, thoracic disc disorder with myelopathy, cervical disc disorder with myelopathy and rotator cuff sprain/tear. The patient was treated with therapy, active and passive rehabilitation, TENS unit, work hardening, chiropractic manipulations and oral pain medications.

### Requested Services

Work hardening program, physician conference w/team members, office visits, office visits with manipulations, MRIs and FCE on 10/22/02 through 2/17/03.

### Decision

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

### Rationale/Basis for Decision

The MAXIMUS chiropractor reviewer noted that this case concerns a male who sustained a work related injury to his back and shoulder on 6/10/02. The MAXIMUS chiropractor reviewer also noted that the diagnoses for this patient included lumbar disc disorder with myelopathy, thoracic disc disorder with myelopathy, cervical disc disorder with myelopathy and rotator cuff sprain/tear. The MAXIMUS chiropractor reviewer further noted that the treatment for this patient's condition has included therapy, active and passive rehabilitation, TENS unit, work hardening, chiropractic manipulations and oral pain medications. The MAXIMUS chiropractor reviewer explained that this patient had a herniated L4-5 disc with thecal sac pressure. The MAXIMUS chiropractor reviewer also explained that the patient sustained a right shoulder injury. However, the MAXIMUS chiropractor reviewer noted that this was not officially diagnosed until 2/7/03. The MAXIMUS chiropractor reviewer indicated that based upon an actual exam on 10/16/02, the patient was reported to require further care under the treating physician. The MAXIMUS chiropractor reviewer also indicated that the patient's condition did not require surgery. The MAXIMUS chiropractor reviewer explained that the patient began a work hardening program with some positive results. The MAXIMUS chiropractor reviewer noted that the patient moved up to the moderate work range and was ultimately found to be at maximum medical improvement at that level. Therefore, the MAXIMUS chiropractor consultant concluded that the MRI for right shoulder, work hardening, office visits and office visits with manipulations from 10/22/02 through 2/17/03 were medically necessary to treat this patient's condition. However, the MAXIMUS chiropractor consultant concluded that the physician conferences with team members from 10/22/02 through 2/17/03 and MRI of 2/7/03 were not medically necessary to treat this patient's condition.

Sincerely,  
**MAXIMUS**

Elizabeth McDonald  
State Appeals Department