

Parker Healthcare Management Organization, Inc.

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May 5, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-1291-01
RE: Independent review for _____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 4.8.05.
- Faxed request for provider records made on 4.11.05.
- The case was assigned to a reviewer on 4.28.05.
- The reviewer rendered a determination on 5.3.05.
- The Notice of Determination was sent on 5.5.05.

The findings of the independent review are as follows:

Questions for Review

The prospective medical necessity of the proposed L2-3 IDET with back brace.

Determination

After review of all medical records provided, the PHMO Physician reviewer has determined to **uphold the denial** of the proposed L2-3 IDET with back brace.

Summary of Clinical History

Mr. ____ is a 38 year old gentleman who injured his lower back at his place of employment on 2/____ 1995. The patient has undergone a Lumbar Spine fusion at L3-4, L4-5. The patient continues to have ongoing pain.

Clinical Rationale

Mr. _____ has a complex spine treatment history with prior IDETs that failed at L3-4 and L4-5 as well as a prior L3 to L5 fusion. There was subsequent hardware removal due to persistent symptoms. The patient has had a right sacroiliac fusion and even was proposed coccygectomy for his residual axial pains. None of these interventions have provided significant resolution of his axial spine pain.

The medical literature for IDET success in this post fusion scenario is not definitive regarding the long term benefit of this type of intervention. There is a distinct proclivity for the development of a transition zone at L3-4 based on the multi-level fusion at L3-4 and L4-5 and the right SI fusion, which would not be addressed by an IDET procedure.

Thus the records and medical literature do not validate the IDET procedure as a medical necessity in Mr. Chung's spine treatment.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 15 years of patient care and orthopedic surgery.

The review for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomat of the American Board of Orthopedic Surgery, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 5 day of May,2005.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Texas Mutual
Attn: Ron Nesbitt
Fax: 512.404.3980

Son Nguyen, M.D.
Fax: 713.759.0966