

# 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: M2-05-1412-01  
RE: Independent review for \_\_\_\_

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

- Parker Healthcare Management received notification of independent review on 4.14.05.
- Fax request for provider records made on 4.15.05.
- The case was assigned to a reviewer on 4.28.05.
- The reviewer rendered a determination on 5.4.05.
- The Notice of Determination was sent on 5.5.05.

The findings of the independent review are as follows:

### Questions for Review

The medical necessity of the preauthorization request for Intradiscal Electrothermal therapy at the L4-5 disc (62287), fluoroscopic guidance (76003), and IV sedation (99141)

### Determination

After reviewing all the medical records provided, the PHMO physician reviewer has determined to **uphold the denial** of the preauthorization request for Intradiscal Electrothermal therapy at the L4-5 disc (62287), fluoroscopic guidance (76003), and IV sedation (99141).

### Summary of Clinical History

Mr. \_\_\_\_ is a 52 year old male who sustained a work related injury on \_\_\_\_, when he fell from a 6 foot ladder and landed flat on his back.

### Clinical Rationale

This patient has had a L2 compression fracture that has healed. His psychometrics were not assessed prior to discography. There were some concordant pain at L5-S1, as well as L4-5 but L3-4 was also painful but allegedly discordant. There was at least a Grade 4 annular tear at L3-4. There was no discussion of the rehab program. The results of the IDET have been "less favorable" in longer term studies. Thus, the proposed IDET at L4-5 is not a medical necessity based on these records.

## Clinical Criteria, Utilization Guidelines or other material referenced

American Academy of Orthopedic Surgeons Annual Meeting 2005, Spine Instructional Course Lectures.

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

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The reviewer 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 5th day of May2005.

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

Sincerely,

Meredith Thomas  
Administrator

CC: Michael Tschickardt, MD  
Attn: Monica  
Fax: 361.882.5414

Zurich N. America  
Attn: FOL-Katie  
Fax: 512.867.1733

[Claimant]