

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Road, Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Certificate # 5301

May 17, 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: M2-05-1497-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 4.20.05.
- Fax request for provider records made on 4.21.05.
- The case was assigned to a reviewer on 5.2.05.
- The reviewer rendered a determination on 5.16.05.
- The Notice of Determination was sent on 5.17.05.

The findings of the independent review are as follows:

Questions for Review

Approval of the proposed 10 days of chronic pain management (97799).

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **overturn the denial** of the proposed 10 days of chronic pain management (97799).

Summary of Clinical History

Ms. ____ is a 38 year old female, who sustained an on the job injury ____.

Clinical Rationale

The continuation of tertiary interdisciplinary pain rehabilitation services is reasonable and medically necessary secondary to her residual deficits and the need for appropriate transition back to the workforce. The National Guideline Clearing House (NGC) - Clinical Practice for chronic nonmalignant pain syndrome patients II: An evidenced based approach, allows for exceptions to its statement regarding

“accomplishable” effective outcome “within a maximum of 20 treatment days”. The claimant qualifies for exceptional status based on her persistent motivation, multilevel functional improvements with CPMP, and continued goal-definable rehabilitation needs to reenter the workforce. The available documentation supports the claimant’s reasonable chance for showing additional significant improvement in all seven (7) of the NGC “program goals” if allowed to participate and complete her CPMP. Furthermore, it is clear that denial of these services at this point in the claimant’s rehabilitation would not allow her to functionally return to work even with reasonable accommodations.

Clinical Criteria, Utilization Guidelines or other material referenced

- The National Guideline Clearing House (NGC) - Clinical Practice for chronic nonmalignant pain syndrome patients II

This conclusion is supported by the reviewers’ clinical experience as a Psychiatrist with over 10 years of experience.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Psychiatry, and is engaged in the full time practice of psychiatric 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 17th day of May 2005.

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

Sincerely,

Meredith Thomas
Administrator

CC: Phil Bohart/ Killeen Rehab
Attn: James Odom
Fax: 214.692.6670

SORM
Attn: Jennifer Dawson
Fax: 512.370.9170

[Claimant]