

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Road, Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Certificate # 5301

August 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: M2-05-1931-01  
RE: Independent review for \_\_\_\_

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

- Parker Healthcare Management received notification of independent review on 6.30.05.
- Faxed request for provider records made on 6.30.05.
- TWCC issued an Order for Payment on 7.12.05.
- The case was assigned to a reviewer on 7.25.05.
- The reviewer rendered a determination on 8.04.05.
- The Notice of Determination was sent on 8.05.05.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity for preauthorization for a Lumbar Spine discogram L3-S1

### 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**.

### Summary of Clinical History

Mr. \_\_\_\_ is a 38 y/o male working as a customer service representative delivering product to grocery stores, reports OTJI on \_\_\_\_, while pulling a pallet jack with Ozarka water. He developed low back pain and radiation into the legs. He sought care and received conservative care and NSAID's, eventually evaluated by Dr Zevalla, on August 12, 2003. Initially, he was diagnosed to have lumbo-sacral Radiculopathy. MRI of L spine reportedly reveals minimal disc abnormality at L-5/S-1 level. Claimant received 2 Lumbar ESI's with no improvement. He completed 4 weeks of a work hardening program, but

his pain did not improve. An FCE revealed he gave consistent effort and is at a light medium work level. An EMG performed post RME, was noted to be normal. DDE determined patient was not at MMI, insufficient medical provided. The claimant still complains of bilateral lower extremity pain and LBP, both increase with activity.

## Clinical Rationale

The insurance carrier's rationale is that Disograms are too dependant on claimant subjective responses, and in a chronic pain scenario are unreliable. Also, that only minimal disc abnormality was noted on the MRI. While both of these are true, it is also true that an Internal Disc Disruption (IDD) could account for the ongoing pain complaints in this individual. FCE testing supports no malingering or symptom magnification or inconsistent effort on behalf of the claimant. Discography not only relies on subjective response to pain, but also reveals internal disc architecture. If there is an internal disc disruption, it would be noted on Discography. Medical articles deal with statistical probability, but are not reliable in determining medical possibility. In this case it is possible that a yet undiagnosed IDD exists, and that a Discogram could provide diagnostically useful information in regards to this individuals care. If normal, all RX is complete, if abnormal, surgery may be indicated.

## Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

---

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, 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.

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. Per rule 133.308 (v) (1), written appeal for spinal surgery prospective disputes must be appealed in writing within 10 days after receipt of the IRO decision. This Decision is deemed received by you 5 (five) days after it was mailed and the first working day after the date this Decision was placed in the carrier representative's box (28 Tex. Admin. Code § 102.5 (d)). A request for hearing should be sent to: Chief Clerk of Proceeding/Appeals Clerk, P. O. Box 17787, Austin, Texas 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of this written request for a hearing to the opposing party involved in the dispute.

I hereby verify that a copy of this Findings and Decision was faxed to TWCC, Medical Dispute Resolution department, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker applicable to Commission Rule 102.5 this 5<sup>th</sup> day of August, 2005. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date this Decision was placed in the carrier representative's box.

---

Meredith Thomas  
Administrator  
Parker Healthcare Management Organization, Inc.

CC: Indemnity Insurance Co.  
Attn: Javier Gonzalez  
Fax: 512.394.1412

[Claimant]