

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

September 15, 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: M2-05-2268-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 8.23.05.
- Faxed request for provider records made on 8.23.05.
- The case was assigned to a reviewer on 9.5.05.
- The reviewer rendered a determination on 9.14.05.
- The Notice of Determination was sent on 9.15.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the requested preauthorization of an artificial Lumbar disc replacement @ L5-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 **uphold the denial** on the requested service(s).

Summary of Clinical History

This is the case of a 59-year-old male, who sustained injury to his lower back, while unloading freight from a trailer on _____. He was treated and investigated by Dr. Steven Murry and by Dr. Kenneth Kemp. He received medications, physical therapy, and a series of 3 lumbar epidural steroid injections were given by Dr. Kemp. His pain continued. He received some Facet injections and was referred to Dr. Kevin Gill for a surgical opinion on his back. He was investigated with a lumbar MRI and also a lumbar discogram with CT scan, which was done on May 24, 2005. Dr. Gill has suggested a disc replacement procedure at the L5-S1 level and this procedure has not been approved by the carrier. This is reason for the present conflict.

Clinical Rationale

This man has degenerative disk disease and Facet arthritis at all lumbar-sacral levels in his spine. The discogram was positive at L5-S1 subjectively for concordance pain, but it is well-documented in the literature that the subjective results of a discogram are not entirely accurate. With this much multiple level degenerative disease in many locations, it is extremely doubtful that replacement of the L5-S1 disk with an artificial material would be expected to significantly relieve his continuing back pain. This procedure is not accepted as standard form of treatment and is still regarded as somewhat experimental at this time.

Therefore, I do not feel that lumbar disk replacement in this 59-year-old male with multiple levels of degenerative joint disease and degenerative disk disease is indicated and I do not believe that it would necessarily relieve his continuing symptoms of back pain.

Clinical Criteria, Utilization Guidelines or other material referenced

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

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomate 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.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

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 15th day of September, 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: Liberty Mutual
Attn: Carolyn Guard
Fax: 574.258.5349

[Claimant]