

Parker Healthcare Management Organization, Inc.

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972.906.0603 972.255.9712 (fax)

Certificate # 5301

October 14, 2005

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-2326-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 9.28.05.
- Faxed request for provider records made on 9.28.05.
- The case was assigned to a reviewer on 10.5.05.
- The reviewer rendered a determination on 10.13.05.
- The Notice of Determination was sent on 10.13.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the proposed chronic pain management program x 10 sessions

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

Ms. ____ sustained a work related job injury on _____. She is being treated by Rita Sealy, D.C.

Clinical Rationale

Mrs. ____'s depression and anxiety have not been adequately evaluated or clinically treated. The prescribed 150 mg of Wellbutrin per day is not a therapeutic treatment. No mention has been made of Mrs. ____'s "bad knee", the non-work related contributing condition described in neurosurgeon Garza-Vale's report of April 12, 2005. If Mrs. ____ truly has an "intractable chronic pain syndrome" (as described by Ph.D. Mangum), then optimizing her pain medication/control (as opposed to tapering them) would seem in her best medical interest. Given Mrs. ____'s need for more aggressive psychotropic treatment,

optimizing her pain medication, and evaluating the pain/dysfunctional contribution of her knee, I believe a chronic pain management program is premature and unlikely to produce significant functional gains.

Clinical Criteria, Utilization Guidelines or other material referenced

- APA guidelines for treatment of Depression

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 and pain management.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC'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, the injured employee, injured employee's insurance carrier, the URA or any 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 the Texas Department of Insurance /Division of Workers Compensation, 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 (the requestor) applicable to Commission Rule 102.5 this 14th day of October, 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: Buena Vista Workskills
Attn: James Odom
Fax: 214.962.6670

Christus Health/Broadspire
Attn: Pam Green
Fax: 972.250.5002

[Claimant]