

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

June 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: M2-05-1436-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 5.3.05.
- Faxed request for provider records made on 5.4.05.
- TWCC issued Order for Payment on 5.27.05.
- The case was assigned to a reviewer on 6.2.05.
- The reviewer rendered a determination on 6.16.05.
- The Notice of Determination was sent on 6.17.05.

The findings of the independent review are as follows:

Questions for Review

Prospective medical necessity of the proposed anterior lumbar interbody fusion at L5/S1, posterior lumbar decompression from L4-sacrum 2/posterolateral fusion & pedicle screw instrumentation

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**.

Summary of Clinical History

Mr. ____ was injured in a work related accident on ____, while employed with _____.

Clinical Rationale

This two level fusion as proposed was not proven to be medical necessary. The rationale includes:

- a) The discogram was reportedly concordant at L3-4 which would be the adjacent disc level to the L4 to S1 fusion. The L4-5 and L5-S1 levels were morphologically abnormal but the L4-5 level was

non-concordant for pain. The pain was produced at a lower discogram pressure at L3-4 than at L5-S1.

- b) The patient is as of 4.22.05, a tobacco user smoking 1 pack per day. Smokers have accelerated disc degeneration as well as increased risks of pseudarthrosis.
- c) The 8.1.03 lumbar MRI showed an annular tear centrally at L3-4 and the L2-3 level was also abnormal in addition to the abnormal L4-5 and L5-S1 levels.
- d) A second spine surgeon opinion on 4.21.05 only proposed a L5-S1 decompression and fusion. Thus, even the second opinion spine surgeon, arranged apparently by the treating doctor, disagreed with the proposed surgical levels.
- e) Mr. ___ is a diabetic which increases his risks of complications post-operatively.
- f) The me___ literature reports a distinct proclivity for the development of adjacent disc level breakdown after a fusion operation.

Medicine is both an art and a science and although the individual may appear to be fit to participate in various types of activities, there is no guarantee that the individual will not be re-injured, or suffer additional injury as a result of participating in certain types of activities.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 15 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 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 17th day of June, 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:

Francisco Battle, MD
Attn: Melissa Sanchez
Fax: 214.358.8353

Hartford Ins.
Attn: Barbara Sachse
Fax: 512.343.6836

[Claimant]