

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

June 7, 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: M2-05-1532-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 4.28.05.
- Faxed request for provider records made on 4.28.05.
- Order for payment was issued by TWCC on 5.12.05.
- The case was assigned to a reviewer on 5.23.05.
- The reviewer rendered a determination on 6.6.05.
- The Notice of Determination was sent on 6.7.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the proposed "laminot decompression, interspace lumbar."

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

Me. ____ sustained an on the job injury ____, while employed with ____ l. The patient complains of mid to lower back pain with pain radiating into the right leg.

Clinical Rationale

I do not feel that this patient has documentation of complete objective studies. I would therefore be unable to state exactly what is necessary based on his records. My rationale is particularly in the light of his discographic studies. I note that a post discogram CAT scan was performed on July 8, 2004 by Marvin VanHal, M.D., which showed apparent pathology.

At spinal levels L4, L5 and S1, there is scant commentary made in the interpretation of the post discogram CT and no other documentation that I can find in Dr. VanHal's notes regarding actual pain reproduction. In further review of the records, I note that Dr. Alex Mompont states that his discogram findings revealed "concordant pain at levels 3-4 and 4-5." In a subsequent review, I note that Dr. James Key in his commentary of March 16, 2005 states that this patient "has severe discogenic pain at L3-4, L4-5 and L5-S1. I further note that one of the other physicians who reviewed this chart indicated that he felt that at least 1 level should be done above the level of suspected pathology with a discogram as a baseline level at L2. I will look at the baseline radiographic appearance as well as get a baseline idea of the patient's pain response. I do agree with this commentary.

Mr. ___ has had 2 MRI studies. One performed on July 22, 2003, which shows what appears to be disc herniation at 2 various extents, but are clearly appearing to be radiographically abnormal at L3-4, L4-5 and L5-S1. There is no specific commentary made regarding desiccation at these levels, merely herniation via the radiologist, Dr. Bruce Chetham. Dr. Chetham subsequently interpreted an MRI of this same patient dated September 11, 2004, which indicated a pair of central annular tears at L5-S1 with a 3 mm left posterior central protrusion. This as opposed to approximately 1 year prior to the initial MRI showing a 3-4 mm posterior central disc herniation at S1 as well as herniations at L3-4 and L4-5. There is no commentary made regarding a definitive disc or herniation on the recent MRI dated September 11, 2004 at the L3-4 or L4-5 levels. I therefore agree that a discogram and post discogram CT would, at that point, be the indicated study. Again, however, I find that the discogram apparently showed radiographic abnormalities at only the 2 lower levels and have various reports of discogenic pain reproduction at all 3 lower levels -- another report indicating that it was only at the L3-4 and L4-5.

Similarly, I see multiple neurological evaluations, some showing evidence of radiculopathy and some not. Specifically, I see a commentary by Scott Stoll, PhD, dated July 10, 2004, indicating no evidence of radiculopathy, etc, with normal EMG and normal MCS. I see a somewhat contradictory report by Dr. Meyer Proler dated September 30, 2003, showing right S1-S2 radiculopathy. I see a report by Dr. Roger Blair dated August 11, 2003 seeing evidence of mild right L5 radiculopathy "manifested by only a decrease seen in the right perineal F wave frequency of less than 50%." This tells me that I am seeing no clear evidence of objective radiculopathy found.

Mr. ___ has apparently failed with all non-conservative means including chiropractic care, time alone, exercise program, various medications and a series of epidural steroid injections. While I feel that this patient may at some point be a surgical candidate in light of his persisting pain, I do not feel that adequate documentation has been obtained. I feel that an updated lumbar MRI would not be unreasonable, as the last one was approximately 1 year ago and was apparently at odds with the first, which showed a 3 level discopathy and the second showing a single-level discopathy. An updated 4 level discogram done by an independent discographer such as a non-interested radiologist would also be in this patient's best interest. The single discogram performed by the anticipated surgeon apparently showed radiographic abnormalities at the 2 lowest levels, this not being specifically compatible with either of the 2 Lumbar MRIs.

As mentioned earlier, the interpretation of the discogenic pain with the discogram are also varied in other reports, one stating the discogenic pain was at L3-4 and L4-5 and others stating the discogenic pain was at L3-4, L4-5 and S1. Therefore, I feel that an updated 4 level discogram, i.e., L2, 3-4, 4-5 and S1, as well as, the fore mentioned updated MRI would be sufficient objective evidence to definitely determine whether this case should be re-reviewed.

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 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 injured worker) 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 7th 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, IRO Administrator
Parker Healthcare Management

CC:

[Claimant]

Fidelity & Guranty
Attn: Annette Moffett
Fax: 512.867.1733