

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

July 1, 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: M2-05-1573-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 5.02.05.
- Telephone request for provider records made on 5.02.05.
- TWCC issued an Order for Payment on 5.19.05.
- The case was assigned to a reviewer on 6.15.05.
- The reviewer rendered a determination on 6.29.05.
- The Notice of Determination was sent on 7.1.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of proposed right L3-4 through S1 radiofrequency thermo-congulation of facet nerve

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 25-year-old gentleman with an injury on the job on ____, while working for ____ . Apparently, he was standing between a stack of products when the product stack buckled over and fell. It collapsed, hitting him between the two stacks. He was wedged in between the two stacks and twisted and strained to get up and developed severe back pain. He was treated by Julio Fajardo, D.C. and diagnosed with post-traumatic lumbar radiculitis. He was also evaluated by Dr. Bill Weldon, who diagnosed him with lumbar sprain strain. An EMG was performed, which did not reveal any evidence of active radiculopathy. He had an MRI which showed no evidence of disk herniation, central canal stenosis or neuroforaminal encroachment at L1-2, L2-3, and L3-4, L4-5 moderate central canal stenosis and mild bilateral neuroforaminal stenosis with 4mm broad disk protrusion/herniation, L5-S1 2mm broad based protrusion. The patient had several epidural steroid injections, which did not relieve his pain. He was treated by Dr. Aggarwal, who documented facet median branch blocks at L3-4, L4-5 and L5-S1. On two

occasions, he was getting at least 50-60% pain relief and has now requested radiofrequency neurotomy of these facet median branch nerves.

Clinical Rationale

Individuals with back injuries that result in aggravation or strain/sprain, inflammation, even in the case of a pre-existing degenerative disc disease, an acute accident can cause an acute inflammatory response that sets off a pain syndrome. The diagnosis of the syndrome includes imaging, as well as, pain in provocative positions that use the joints such as extension by bending and rotation. Individuals that get significant relief with median branch blocks are considered extremely likely of getting long-term relief from radiofrequency lesioning.

In review the carrier's reason for denial, they misquote the literature and particularly the ACOEM Guidelines that based on reasonable medical probability, that radiofrequency lesioning does not work for lower back pain. This is not consistent with the review of the guidelines I have that indicate that radiofrequency lesioning is a better treatment for facet syndrome than lumbar facet injections. Furthermore, the ACOEM guidelines are inconsistent with the majority of published literature, especially that literature found in the International Spine Injection publication indicating specific indications and benefit of radiofrequency lesioning to presume to be highly effective in treating those with a properly diagnosed Lumbar Facet Syndrome and Lumbar radiculopathy that respond to median branch block. My conclusion is that when one applies the majority of literature available and all the literature of the ACLEF, that the requested procedure appears to be appropriate based on the guidelines of having significant improvement with median branch blocks. Therefore in this particular instance, the documentation clearly supports the need for this treatment. Furthermore, this treatment is a long-term treatment generally 9 months up to 2 years. It almost always lasts greater than 9 months and so it should not be a procedure requiring multiple repeated treatments.

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 1st day of July 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:

Ace American Ins.
Attn: Javier Gonzalez
Fax: 512.394.1412

[Claimant]