

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

June 20, 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: M2-05-1781-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 5.24.05.
- Faxed request for provider records made on 5.24.05.
- 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 6.20.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the proposed EMG/NCV bilateral lower extremities study

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

Ms. ____ is a 46 y/o AA female with reported OTJI on _____. She reports a physical assault while working at the _____ with facial trauma and neck and LBP. The LBP now involves radicular type pain to the left leg. The work up included CT scan of head in the ER, with questionable petchial hemorrhage noted. Further work up revealed EMG findings on one occasion of lumbar radiculopathy in the left lumbar paraspinals on an exam dated 5-27-04.

Clinical Rationale

Clinically Ms. ___'s exam has evidence documented in the medical chart of increased symptoms of left leg radiculopathy. Her diagnostic imaging reveals evidence of subligamentous disc disruption at L-3/4 and a left foraminal impingement of the L4 nerve root by disc material.

Physiologically, EMG are noted to be more sensitive to find radiculopathy in the paraspinal muscles in the earlier stages of nerve root injury, ie. radiculopathy. In later stages of radiculopathy the paraspinal changes may disappear, but if significant radiculopathy exists, the findings of larger fiber damage in the limbs is more frequently discovered after a greater time has passed.

Specifically, in this case the concern of neural involvement from a radicular injury in the back manifesting itself in the lower extremity muscles is medically probable. The best diagnostic test to determine if this exists and to delineate if it is a singular root injury vs. a multi-root injury is a repeat EMG/NCV. Furthermore, the results of this test will have a bearing on treatment offered to this patient.

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 is a diplomate of the American Board of Neurology, 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. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Tex. Admin. Code § 148.3). 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 , 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 (the requestor) applicable to Commission Rule 102.5 this 20th 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:

Ryan Potter, MD
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SORM
Jennifer Dawson
Fax: 512.370.9170

[Claimant]