Parker Healthcare Management Organization, Inc.
3719 N. Beltline Road, Irving, TX 75038
972.906.0603 972.255.9712 (fax)
Certificate # 5301

July 29, 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: M2-05-1812-01
RE: Independent review for ___

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

- Parker Healthcare Management received notification of independent review on 6.17.05.
- Faxed request for provider records made on 6.21.05.
- The case was assigned to a reviewer on 7.15.05.
- The reviewer rendered a determination on 7.28.05.
- The Notice of Determination was sent on 7.29.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity for a Lumbar Epidural steroid injection at L2-3(1 injection)

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. ___ sustained a work related job injury on ___ while employed with .
He was involved in an accident while unloading a load. He reported injury to his low back and right arm/wrist. There has been MRI of the wrist and low back revealing desiccation at the L2-3 levels.

Clinical Rationale

The carrier has assumed that the entirety of the lumbar injury is a sprain, but the diagnostic studies do reveal a disc dessication at the L2-3 levels. The mechanism of injury certainly could have caused trauma to the already dessicated disc, given a reasonably medical probability. There was no improvement in pain levels with conservative PT to the lumbar region.

A review of the Orthopaedic knowledge update and other literature reveal multiple articles giving support for treatment of non-radicular back pain with ESI's. After reviewing the carriers determination and the

treating physician, Dr. Berliner's response and records, the Lumbar ESI is a reasonable treatment for discogenic back pain.

Clinical Criteria, Utilization Guidelines or other material referenced

- Spine J 2004 Sept-Oct; 4(5):495-505
- Arch Phys. Medical Rehabilitation 2004 Mar; 85(3): 479-484
- American Academy of Orthopaedic Surgeons, Spine 2, Orthopaedic knowledge update, CH.35

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. 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 29th 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: Sady Ribeiro, M.D.
Attn: Brenda Gonzalez
Fax: 281.875.3285

Vanliner Insurance
Attn: John Fowler
Fax: 512.288.3005

[Claimant]