

# Parker Healthcare Management Organization, Inc.

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Certificate # 5301

July 8, 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: M2-05-1834-01  
RE: Independent review for \_\_\_\_

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

- Parker Healthcare Management received notification of independent review on 6.9.05.
- Faxed request for provider records made on 6.9.05.
- The case was assigned to a reviewer on 6.24.05.
- The reviewer rendered a determination on 7.7.05.
- The Notice of Determination was sent on 7.8.05.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity for prior authorization for L5-S1 posterior fusion with instrumentation, bone graft and 3-5 day inpatient stay

### 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 MVA on \_\_\_\_, while employed with ..

### Clinical Rationale

Mr. \_\_\_\_ had a MVA with a reported spine injury. He has had facet injections and lumbar ESIs which did not resolve his symptoms. He had concordant pain produced on the L5-S1 discogram with a normal L4-5 control. Neurologically there is no focal nerve root entrapment but a generalized disc bulge is noted at L5-

S with reported moderate facet hypertrophy. He is only twenty-nine years old. The hypertrophic facets would be a relative contraindication to any disc replacement surgery with the current implant design.

Mr. \_\_\_ is not a smoker. He does apparently have litigation pending.

Surgical fusion at L5-S1 was approved in 2004. With the continued symptoms and the positive studies, the fusion surgery proposed at L5-S1 would be medically reasonable although settlement of litigation prior to any spine surgery would be reasonable and probably prudent.

## 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.

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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 8<sup>th</sup> 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.

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Meredith Thomas  
Administrator  
Parker Healthcare Management Organization, Inc.

CC:

James Rodriguez  
Fax: 713.850.1199

Twin City Fire Insurance  
Attn: Barbara Sachse  
Fax: 512.343.6836

[Claimant]