

# Parker Healthcare Management Organization, Inc.

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Certificate # 5301

July 26, 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: M2-05-1963-01  
RE: Independent review for \_\_\_\_

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

- Parker Healthcare Management received notification of independent review on 6.28.05.
- Fax request for provider records made on 6.28.05.
- The case was assigned to a reviewer on 7.11.05.
- The reviewer rendered a determination on 7.21.05.
- The Notice of Determination was sent on 7.26.05.

The findings of the independent review are as follows:

### Questions for Review

medical necessity of the proposed anterior interbody fusion L3-4 &L4-5, retroperitoneal exposure & discectomyL3-4 &L4-5, anterior interbody fixation L3-4 &L4-5, posterior decompression L3-4 &L4-5, transverse process fusion L3-4 &L5, evaluation of fusion L5-S1, intraoperative decision for repair of fusion L5-S1, bone graft-allograft, bone graft autograft in situ, bone graft-allograft with iliac crest, bone marrow aspirate

### 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

Mr. \_\_\_\_ sustained a work related job injury on \_\_\_\_, while employed with

## Clinical Rationale

In reviewing multiple aspects of Mr. \_\_\_\_' chart, I note that he had a posterior lumbar interbody fusion on April 6, 2004. This following a previous apparent laminectomy at that same level in 1988 with what sounds to be a repeat laminectomy at that same level in September of 2002. It appears that his symptoms did relatively well after his posterior lumbar interbody fusion with placement of pedicle screws in April 2004. They then recommenced after what sounds to be a relatively minor re-injury. Subsequently, he had multiple studies including a lumbar CT in October of 2004, showing some scar tissue at L5 and S1 with some disc bulging vs. protrusion of central and primarily to the left to midline at L3-L4 and L4-L5. He subsequently underwent a discogram, which showed fissuring at L3-4 as well as L4-5, however, no pain was elicited at L3-L4, vs. 8/10 concordant pain at L4-5.

He additionally underwent an EMG and NCV by a neurologic facility on January 7, 2005, which was felt to be normal. He has had some conservative care since his prior surgery and subsequent to his apparent re-injury. This apparently consisted of 6 weeks of physical therapy, 6 weeks of hydrotherapy, and 5 days of work conditioning.

I feel that based on the studies which I have reviewed, that I cannot adequately conclude that there is enough pathology at L3-4 to warrant a fusion. Similarly, I see no definitive evidence to suggest pseudoarthrosis at L5-S1 to warrant evaluation of that fusion at L5-S1 with intraoperative decision for repair of the fusion at L5-S1.

Additionally, I questioned whether adequate conservative care has been levied to date. Specifically, I feel that this patient with moderate disc bulge vs. protrusion as opposed to severe frank herniation and bilateral leg pain (despite a primarily left-sided disc protrusion), should attempt treatment with epidural steroid injections. I further question whether additional types of hands on treatment, ranging from physical therapy, to myofascial therapy, to possible chiropractic care may be helpful for this patient. I feel that a 2 level fusion at a level superior to what has already been surgically addressed with a fusion, would not necessarily be helpful for this patient. In fact, it could serve to his detriment if L3-4 was not adequately involved. I do not feel that the prevailing evidence suggests a definitive involvement at the L3-4 level.

To summarize, for the reasons just enumerated, I feel that I would uphold the URA denial of his surgical intervention, which is presently in dispute.

## 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.

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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 26<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.

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Attn: Amanda S.  
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Ace American Insurance Co  
Attn: Cheryl Shepherd  
Fax: 713.403.3125

[Claimant]