

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Road, Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Certificate # 5301

October 28, 2005

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-2331-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 9.16.05.
- Faxed request for provider records made on 9.20.05.
- TDI-DWC issued an Order for payment on 9.30.05.
- The case was assigned to a reviewer on 10.14.05.
- The reviewer rendered a determination on 10.27.05.
- The Notice of Determination was sent on 10.28.05.

The findings of the independent review are as follows:

Questions for Review

the medical necessity of the proposed discogram C4/5 and C6/7, with post cervical CT scan.

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** on the requested service(s).

Summary of Clinical History

Ms. ____ sustained a work related job injury on ____, while employed with _____.

Clinical Rationale

Please note that the review request was for levels C4-5 and C6-7, but Dr. Meyer specifically requested C3-4 and C6-7. This is stated on the Letter of Medical necessity by Dr. Meyer, dated 7.15.05.

Ms. ____ has screw cut out of the C4 vertebra, which would suggest that the fusion had not healed originally. There is also segmental kyphosis at C6/7. She is having residual paresthesias to her hand. She has apparent neurogenic and discogenic pain. Assessment of the disc levels adjacent to the C4 to

C6 fusion with a discogram would be appropriate in this rather complex case. Preoperative psychological assessment would be appropriate to help in the validation for the subjective discogram results. Therefore, it is deemed that the discogram would be medically necessary and reasonable.

Clinical Criteria, Utilization Guidelines or other material referenced

- Spine Instructional Course Lectures, 2003, American Academy Orthopedic Surgeons.

This conclusion is supported by the reviewers' clinical experience with over 15 years of patient care and orthopedic surgery.

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 Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC'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 the treating and/or referring provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO. 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 Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, 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 28th day of October 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: John Bergeron, M.D.
Attn: Cynthia
Fax: 713.868.1413

UTICA
Attn: Kevin McGillicuddy
Attn: 512.320.9967

[Claimant]