

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

December 5, 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: M2-06-0280-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 11.07.05.
- Faxed request for provider records made on 11.07.05.
- The case was assigned to a reviewer on 11.21.05.
- The reviewer rendered a determination on 12.02.05.
- The Notice of Determination was sent on 12.05.05.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of Lumbar Discogram with post Discogram 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

The patient ____ is a 43-year-old female with history of an on-the-job injury with low back pain. She was treated by Dr. Craig Chambers, diagnosed with SI joint dysfunction and right leg radiculopathy. She has been evaluated by multiple specialists including Dr. Michael Ellman, who performed series of prolotherapy injections with modest relief for short period of time. She was seen in consultation and second opinion evaluation by Dr. Radie Perry, who felt in February 2005, the discograms were inappropriate workup given her ongoing care without resolution of symptoms. She has been seen by Dr. Ralph Rashbaum at Texas Back Institute and Dr. Steven, both of which have recommended discography as a diagnostic means to determine her current source of pain. Her discography has been denied by carrier based on the fact that her previous workup has included MRI and electrodiagnostic studies that her pain generator has been identified as the SI joint and myofascial pain and that lumbar discography will not add any benefit to the workup. This is inconsistent with the facts presented. It is noted that she saw a designated doctor in March 2005 and it was felt she was not at MMI because she was to have discography.

Clinical Rationale

Based on orthopedic knowledge review from 2004, internal disc disruption is an indication for lumbar discogram, based on the International Spine Intervention Society Guidelines, concern of an internal disc disruption and lumbar radiculopathy is an indication for lumbar discography. Therefore, I would conclude that lumbar discography is a reasonable workup for an individual with mechanical back pain that continues to be problematic. There have been ongoing symptoms that have not resolved with treatments including SI joint treatments, intraarticular injections, and prolotherapy. There is a documented history of radicular complaints into the leg with several second opinion evaluations with orthopedic and physical medicine physicians, all indicating that discography would be a reasonable adjunct to her workup.

As stated above, using International Spine Intervention Society Guidelines, internal disc disruption is a reasonable indication for discography or a concern of its underlying cause. The fact that SI joint is felt to be the pain generator is not an exclusionary fact that would preclude additional diagnostic workup, especially given the fact this individual continues to have pain despite aggressive treatment with multiple providers and that multiple second opinion physicians have all agreed that discography and further workup and treatment is necessary.

Clinical Criteria, Utilization Guidelines or other material referenced

- International Spine Intervention Society Guidelines, orthopedic knowledge review from 2004

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 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 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 5th day of December, 2005.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: Orthopaedic Associates of N. Texas
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Liberty Mutual
Attn: Carolyn Guard
Fax: 574.258.5349

[Claimant]