

# Parker Healthcare Management Organization, Inc.

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Certificate # 5301

February 3, 2006

**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: M2-06-0522-01

RE: Independent review for \_\_\_\_

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

- Parker Healthcare Management received notification of independent review on 1.2.06.
- Faxed request for provider records made on 1.2.06.
- TDI-DWC issued an Order for Payment on 1.18.06.
- The case was assigned to a reviewer on 1.24.06.
- The reviewer rendered a determination on 2.2.06.
- The Notice of Determination was sent on 2.3.06.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity of injection Anes Epidural; Lumb/Sac 1 level (64443), Fluro guide needle spine injection procedure (76005)

### 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** on the requested service(s).

### Summary of Clinical History

This individual underwent a surgical procedure due to a severe lumbar injury in \_\_\_\_ which included L4 through sacrum fusions. Postoperatively, he required medications for pain management. He had one previous epidural injection and an intralaminar approach by the treating physician, Dr. LeGrand in August of 2005 with minimal to no real benefit. The records indicate that Dr. LeGrand is recommending this treatment based on the designated doctor of neurology's recommendations as well as recommendations for lumbar myelogram and CT.

A post op myelogram had been performed and discussed in his November 14, 2005 letter. They were completely normal showing no disc herniations, stenosis, or root compression. Despite that, Dr. LeGrand concludes that he is a good candidate for lumbar epidural steroid injections, but does not list any symptoms as to why the procedure is indicated. In reviewing his previous evaluation in October of 2005, he indicates that he is having bilateral hip and leg pain mainly on the left.

## Clinical Rationale

With symptoms of left-sided leg pain and previous failure of intralaminar epidural steroid injection, the likelihood of success in light of a normal CT myelogram is minimal. It is possible that consideration of a transforaminal ESI injection for diagnostic and therapeutic value may be appropriate or even a caudal approach epidural catheter with stimulation for mapping of inflamed roots and injection from that approach may be appropriate.

However, the intralaminar ESI as requested above in light of the current complaints of bilateral hip pain and left leg pain mainly, as well as no pathology identified on the CT myelogram, would therefore not warrant a blind intralaminar lumbar epidural injection at this time. The rationale is based on the teachings of Dr. Gabore Racz as well as international spine injection society guidelines.

## Clinical Criteria, Utilization Guidelines or other material referenced

- International Spine Injection Society Guidelines

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

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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 3rd day of February 2006.

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Meredith Thomas  
Administrator  
Parker Healthcare Management Organization, Inc.

CC: Dr. Robert LeGrand  
Attn: Amanda  
Fax: 325.657.0875

Insurance Co. of the State  
Attn: Katie Foster  
Fax: 512.867.1733