

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

March 27, 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: M2-06-0844-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 2.27.06.
- Faxed request for provider records made on 2.27.06.
- The case was assigned to a reviewer on 3.13.06.
- The reviewer rendered a determination on 3.24.06.
- The Notice of Determination was sent on 3.27.06.

The findings of the independent review are as follows:

Questions for Review

The therapy in dispute is a preauthorization request for chronic pain management for 10 sessions.

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

The date of injury is _____. The injury sustained appears to be in the area of the right shoulder with related complaints in the area of the neck and right upper extremity. The patient has received conservative treatment and tertiary care as well as an initial 10 session of pain management authorized. During this time, the patient demonstrated some improvements and some significant loss in function as well.

Clinical Rationale

The patient had an initial 10 sessions of chronic pain management therapy that was offered and monitored between the dates of baseline measurement on 10.6.05 and 12.16.05. During this time period, the patient got worse in every category that is typically monitored in a pain management program. This includes significant increases in patient perceived pain, irritability, frustration, family discord, vocational

topics, claims problems, tension, anxiety, depression, sleep problems and forgetfulness. On the other hand, there were some improvements listed with range of motion of the right shoulder and static strength.

The issues that relate to pain management specifically such as anxiety, pain, frustration and so forth did not improve. The findings related to active rehab or findings that could be achieved with a monitored home based strengthening program demonstrated improvement, but the other more specific and related topics to pain management failed to improve in every area. It is understood that both portions including the mental health and the physical aspects are involved in chronic pain management, however, the strength and range of motion gains could have been achieved in a home based strengthening atmosphere that could have been monitored. Due to the significant failure at the initial attempt in the first 10 visits, in regards to the majority of related aspects of this type of care, there is no documented support in providing the same service again, especially with findings such as a 50% increase in pain over 10 days and a 100% increase in vocational related symptoms and 200% increase in sleep related problems and 100% increase in depression and the BDI-II with a 10% increase and the BAI demonstrating a 17% increase, all over 10 days. The continuation of this type of service is just not supported.

Clinical Criteria, Utilization Guidelines or other material referenced

- *Occupational Medicine Practice Guidelines*, Second Edition
- *The Medical Disability Advisor*, Presely Reed MD
- ODG Guidelines / ACOEM Guidelines

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

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 27th day of March, 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: Active Behavioral Health
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Fax: 214.692.6670

Ace America/ ESIS
Attn: Shelley Smith
Fax: 972.465.7964