

# Parker Healthcare Management Organization, Inc.

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Certificate # 5301

May 4, 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: M2-06-1008-01

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

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

- Parker Healthcare Management received notification of independent review on 4.3.06.
- Faxed request for provider records made on 4.3.06.
- TDI DWC issued an Order for records on 4.11.06.
- The case was assigned to a reviewer on 4.24.06.
- The reviewer rendered a determination on 5.3.06.
- The Notice of Determination was sent on 5.4.06.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity of 10 sessions of chronic pain management

### 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 claimant was injured as a result of a work related injury on the date of \_\_\_\_\_. At this time, the claimant had a slip and fall accident that created pain and injury to the lower back. It was determined through advanced diagnostics and clinical evaluation that there was considerable disc damage at multiple levels causing extrusion and true radicular findings. Since the onset, the claimant has progressed through conservative treatment that includes passive and active care as well as surgical and injection therapy with various forms of advanced diagnostics. There has also been some initial psychological counseling and various examinations and evaluations from outside practitioners including peer review doctors and designated doctor evaluations.

### Clinical Rationale

The claimant meets and clinically demonstrates many of the criteria necessary in order to establish the need for participation in a pain management program. The claimant has continued and consistent levels

of pain that cause and create various disabilities in regards to the claimants overall function. The claimant has failed conservative care and has continued symptoms post surgically as well as post injection therapy. The claimant has documented aspects of ongoing depression and anxiety with BDI, BAI and GAF scores that reflect considerable findings. There are also reports demonstrating ongoing physical disability based upon functional testing. The claimant still has insomnia as well as fragmented sleeping patterns that have affected function. The duration of symptoms has been significant and the claimant has not been deemed at MMI by a designated doctor and previous peer reviews demonstrate the need for tertiary care. It appears that there is the need for continued intervention in various necessary categories including the physical, psychological and social areas.

## Clinical Criteria, Utilization Guidelines or other material referenced

- *Occupational Medicine Practice Guidelines*, Second Edition.
  - *The Medical Disability Advisor*, Presley Reed MD
  - *A Doctors Guide to Record Keeping*, Utilization Management and Review, Gregg Fisher
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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 4<sup>th</sup> day of May, 2006.

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Meredith Thomas  
Administrator  
Parker Healthcare Management Organization, Inc.

CC: Ft Worth Health Systems  
Attn: Nick Kempisty  
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Zurich/FOL  
Attn: Katie Foster  
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