**Parker Healthcare Management Organization, Inc.**
4030 N. Beltline Road, Irving, TX 75038
972.906.0603 972.906.0615(fax)
Certificate # 5301

May 15, 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: M2-06-1193-01
RE: Independent review for ___

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

- Parker Healthcare Management received notification of independent review on 4.21.06
- Faxed request for provider records made on 4.21.06.
- TDI-DWC issued an Order for Records on 5.3.06.
- The case was assigned to a reviewer on 5.8.06.
- The reviewer rendered a determination on 5.15.06.
- The Notice of Determination was sent on 5.15.06.

The findings of the independent review are as follows:

## Questions for Review

Medical necessity of 10 sessions of work hardening

## 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

Patient underwent physical medicine treatments, medication, thoracic MRI and designated doctor examination after hurting his mid back at work on ___ when a pallet of boxes started to fall.

## Clinical Rationale

The provider's sparse medical records did not in any way document or substantiate the medical necessity of the proposed treatment.

Current medical literature states, "…there is no strong evidence for the effectiveness of supervised training as compared to home exercises. There is also no strong evidence for the effectiveness of multidisciplinary rehabilitation as compared to usual care." [1] The literature further states "…that there appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities..." [2] And a systematic review of the literature for a multidisciplinary approach to chronic pain found only 2 controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when multidisciplinary team approach was compared with traditional care.[3] Based on those studies, the proposed work hardening program is not supported.

Moreover, the designated doctor (who carries presumptive weight) opined on 03.27.06 after reviewing the patient's negative thoracic MRI, *"No further medical management of any sort would be considered as reasonable, necessary and related to the occupational event of 09.02.05 and Mr. ___ may return to unrestricted job activities immediately."*

## Clinical Criteria, Utilization Guidelines or other material referenced

See footnotes listed below for references utilized in this determination.

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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.

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[1] Ostelo RW, de Vet HC, Waddell G, Kerchhoffs MR, Leffers P, van Tulder M, Rehabilitation following first-time lumbar disc surgery: a systematic review within the framework of the cochrane collaboration. Spine. 2003 Feb 1;28(3):209-18.
[2] Karjalainen K, Malmivaara A, van Tulder M, Roine R, Jauhiainen M, Hurri H, Koes B. Multidisciplinary biopsychosocial rehabilitation for neck and shoulder pain among working age adults. Cochrane Database Syst Rev. 2003;(2):CD002194.
[3] Karjalainen K, et al. Multidisciplinary rehabilitation for fibromyalgia and musculoskeletal pain in working age adults. Cochrane Database of Systematic Reviews 2000;2.

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 15th day of May, 2006.

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Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: Canton Healthcare Systems
Attn: Nick Kempsity
Fax: 214.943.9407

American Home Assurance/ ARCMI
Attn: Raina Robinson
Fax: 479.273.8792