

# Parker Healthcare Management Organization, Inc.

4030 N. Beltline Road, Irving, TX 75038

972.906.0603 972.906.0615(fax)

Certificate # 5301

June 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: M2-06-1242-01  
RE: Independent review for \_\_\_\_

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

- Parker Healthcare Management received notification of independent review on 5.4.06.
- Faxed request for provider records made on 5.4.06.
- TDI-DWC issued an order for payment on 5.17.06.
- The case was assigned to a reviewer on 6.5.06.
- The reviewer rendered a determination on 6.14.06.
- The Notice of Determination was sent on 6.15.05.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity of CPMP 8 hours a day X 5 days X 4 weeks

### 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 is a 54-year-old female injured on the job. The date of injury was \_\_\_\_\_. There was a sustained injury to the lumbar spine with severe interactional back pain. It has required surgical intervention in the form of a 360 spinal fusion in 1997 with hardware removal in 1998. She has seen Dr. Schade for medication management and was referred to Dr. Bradley for consideration of pain management on 08/31/2005. She was not felt to be a good candidate for rehab due to pulmonary insufficiency as a possible obstacle.

She re-requested on 02/22/2006 and care denied the repeat treatment as the patient has a preexisting condition and has been treated for depression effective disorder since 1985. On 03/28/2006, her preauthorization request for reconsideration was denied. There is no opiate extension protocol and identification of prescribing physician on the patient agreeing to opiate pain medication extension.

## Clinical Rationale

This individual clearly has end-stage chronic pain status post lumbar surgery with 360 fusions at two levels and then hardware removal. While there was concern that the pulmonary insufficiency may limit her ability to participate in a pain program, this can be monitored throughout the pain program on a weekly basis and if the patient's ability to participate is impaired in any way, the pain program can be denied for the patient not being medically capable to participate. Aside from that concern, this patient has the type of injury in the chronicity of pain that would likely benefit from chronic pain management.

Not all pain management programs are focus on extinction of medication usage. Sometimes, they are focused on improving the patient's activities, daily living, and quality of life and coping skills. In this individual, these would be reasonable goals for her injury as documented in the records provided to me. For these reasons, I have indicated that this individual is a good candidate for chronic pain management based on the standards of care in the state of Texas and I overturn the carrier's denial for such treatment.

## Clinical Criteria, Utilization Guidelines or other material referenced

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 15<sup>th</sup> day of June, 2006.

---

Meredith Thomas  
Administrator  
Parker Healthcare Management Organization, Inc.

CC: Robert Bradley, PHD  
Fax: 972.494.5224

TX Mutual  
Attn: Richard Ball  
Fax:512.224.7094