

Parker Healthcare Management Organization, Inc.

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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: M2-06-1272-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 5.9.06.
- Faxed request for provider records made on 5.9.06.
- TDI-DWC issued an Order for records on 5.19.06.
- 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 6.15.06.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of chronic pain management X 20 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

This gentleman is a 47-year-old Hispanic male who was injured on ____ when a chain saw entered his left knee requiring a hospital emergency room visit and wound closure. He has continued to have reported complaints of pain and has been evaluated for a chronic pain management program at Pain and Recovery Clinic of North Houston by Denise Turboff, Med, LPC. Ms. Turboff's report indicates that he is having depressive mood, pain in the leg 2/10 to 3/10 with pain medicines along physical, psychological, occupation, social, and financial problems. Depression inventory indicates a severe level of depression and a moderate level of anxiety. Pain level is a 3/10. He has high levels of stress and a current disability.

Clinical Rationale

This gentleman was awarded maximal medical improvement by a designated doctor Howard Hood, M.D. on January 16, 2006. He was awarded 12% impairment and was given maximal medical improvement. The request for chronic pain management did not occur until March 28, 2006 when it was denied by a physician advisor and denied a second time on 04/10/2006. This time, given the patient's back depression score, it was recommended that anti-depressant medication be provided to see if this could help control his depression and help give him a maximum benefit for improvement – given that a chronic pain management program is the terminal therapeutic event for this patient. Preparing the patient to drive maximal medical benefit should be a priority. The patient is not at such a stage at this juncture.

It is my conclusion that this is an accurate reflection of the patient's needs. Furthermore, I feel that not all patients need a coordinated chronic pain management program with physical and psychological support, and that this patient might benefit from psychological support with a clinical psychologist to be treated twice a week for several weeks while being placed on anti-depressants and pain medications.

His injuries are not resulting in the type of dysfunction that would be unexpected from the physical trauma he sustained, i.e., the trauma to his knee with the chain saw would result in a certain amount of chronic gait abnormality and dysfunction and would not necessarily result in intractable, untreatable pain. In fact, quite the contrary is true in this case. His pain is quite treatable with all medications. He has a depression that has gone untreated and unsupported and this does not rise to the level of needing a coordinated chronic pain management program until he fails treatment with a lesser program such as psychological support and treatment with anti-depressants. For these reasons, I do not believe he meets the standard of care to require a chronic pain management program at this point in time.

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 15th day of June, 2006

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: Dean McMillan,MD
Attn: Angie Velasquez
Fax: 713.697.7187

TX Mutual
Attn: Latrice Giles
Fax: 512.224.7094