

# Parker Healthcare Management Organization, Inc.

4030 N. Beltline Road, Irving, TX 75038

972.906.0603 972.906.0615 (fax)

Certificate # 5301

September 7, 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: M2-06-1817-01  
RE: Independent review for \_\_\_\_

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

- Parker Healthcare Management received notification of independent review on 8.14.06.
- Faxed request for provider records made on 8.14.06.
- The case was assigned to a reviewer on 8.28.06.
- The reviewer rendered a determination on 9.6.06.
- The Notice of Determination was sent on 9.7.06.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity of laminectomy/discectomy L4-5, L5, S1

### 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 26-year-old male sustained an on-the-job injury in a lifting episode. The patient has been under a thorough workup and conservative management (physical therapy). Epidural injections and the appropriate medications have been tried. He sustained an injury while lifting a patient with another paramedic. The records stated that the person he was lifting weighed 300 pounds.

The patient developed pain later in the low back with radiation into the right leg. The patient was seen and treated by his primary care physician with appropriate medications and physical therapy. He has been evaluated by several physicians. The patient did have significant pain; however it was relieved somewhat by conservative care. The pain was aggravated by standing, walking, heat, physical activity, and was made worse with sitting or lying down. The patient was placed on multiple medications, which at one time included Celebrex, hydrocodone and Robaxin. The patient was felt to be neurologically intact

on examination on 12/19/2005, the injury occurring on \_\_\_\_\_. The patient had negative nerve root tension signs in both the sitting and supine positions. The deep tendon reflexes were normal. The patient had pain when doing a side bending maneuver with radiation down his right leg and to his buttock area.

At that time, X-rays were reviewed revealing a 50% decrease in anteroposterior height of L5-S1 and a 20% decrease in anteroposterior height of L4-L5. No instability was noted. The MRI was reviewed dated 12/06/2005: Disc degeneration of L4-L5 and L5-S1 levels with central protrusion at those levels as well – disc bulges at L4-L5 and L5-S1 levels centrally causing mild spinal stenosis. Epidural steroid injections were recommended. Physical therapy had been initiated.

The patient underwent epidural steroid injections 3 times and caudal epidural injections apparently without complications by Dr. Patel.

The patient continued to be symptomatic. A discography was recommended, but denied. He was given treatment alternatives to include decompression and stabilization. A note was dictated that the patient had undergone and had the following:

1. Unilateral hip, thigh, and knee pain, which indicates nerve root compression.
2. MRI imaging.
3. Activity modification.
4. Medications.
5. Three epidural steroid injections.
6. Active physical therapy.

## Clinical Rationale

In summary, I have reviewed this particular patient's case and selective review of the medical literature and, of course, used my professional judgment and experience in treating chronic low back pain. The records show no evidence of instability and due to L4-L5 disc degenerative changes, as well as, the L5-S1 disc degenerative changes show only protrusions and bulging and not specific disc extrusion or herniated discs, I am unable to determine whether or not the L4-L5 and L5-S1 discs are the pain generators or primary, secondary, and tertiary, and fourth degree factors are present.

At this time, from the records submitted, due to the following factors being absent: whether or not the patient has instability; what exact conservative measures were done; what is the exact range of motion in all parameters; were there Waddell signs and how significant were they; and what is the patient's psychological profile, the exact neurological examination and the pattern of dermatome levels, in my professional opinion, I cannot consider the proposed lumbar laminectomy, discectomy, fusion, and instrumentation at these levels to be necessary without further evidence.

Please note again that this is a review of medical records and I have not examined this patient. These records were sent to me only for a medical opinion. It was assumed that the material that was sent and examined was true and correct and all significant information was submitted to me. As best I can tell, copies of the MRI reports from the radiologist were not included and the MRI films were not sent. These opinions are based on reasonable medical probability according to standards of AMA guidelines, and remembering that medicine is an art, a science, and a practice.

## Clinical Criteria, Utilization Guidelines or other material referenced

- Article by Farbank J., Frost H et al: BMJ 2005: 330 (7502) ..1233
- Gibson/Cochran E 2000 / Fritzel-Spine 2001 – Savolaine 1998 / Witzel 2001 / Bigos 1999 / Washington 1995 / Debard Spine 2001 – Spine 2003 / Cochran Spine 2005 / Atlas 2006.
- ACOEM Chapter 12.

---

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomate of the American Board of Orthopedic Surgery, 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 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 applicable to Commission Rule 102.5 this 7<sup>th</sup> day of September, 2006.

---

Meredith Thomas  
Administrator  
Parker Healthcare Management Organization, Inc.

CC: Jack Ziegler, M.D.  
Attn: Elizabeth Rodriguez  
Fax: 972.608.5184

Texas Municipal/FOL  
Attn: Katie Foster  
Fax: 512.867.1733