

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

February 21, 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: M2-06-0523-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review by UPS on 1.2.06.
- Faxed request for provider records made on 1.3.06.
- TDI-DWC issued an Order for payment on 1.18.06.
- The case was assigned to a reviewer on 2.8.06.
- The reviewer rendered a determination on 2.17.06.
- The Notice of Determination was sent on 2.21.06.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the repeat IDET L5-S1 (outpatient)

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

Mr. ____ sustained a work related job injury on ____, while employed with _____. He is an injured worker with a single-level disc disruption at L5-S1 proven by previous discography. He had IDET annuloplasty four years ago by Dr. Calodney, without standing results of over 18 months relief. Request is for repeat procedure.

Clinical Rationale

The reasons for denial have been that no new imaging studies were available and that perhaps in the interim injury has occurred. The fact is that disc disruption treated with annuloplasty has a low response

rate; probably 25% of the population gets good results. When annuloplasty by IDET fails, the proper procedure is lumbar discectomy and fusion. So, IDET procedure helps avoid a fusion. Given this individual's above-the-curve response to the treatment, it appears that IDET in fact has a greater chance than typically of affording him significant relief. Furthermore, the alternative treatment is discectomy and fusion, a very expensive procedure. The cost of doing the IDET procedure is normal compared to doing the surgical procedure and the cost of doing additional imaging would be nearly as much as doing the procedure.

The assertion that perhaps new injury occurred is a possibility, but not likelihood nor a medical probability. As already stated, typically IDET procedures were used to avoid a much larger procedure and this was clearly necessary based on the discogram that there was an internal disc disruption and ultimately this individual is a candidate for discectomy and fusion procedure. There is no new injury that is going to make a broken disc certainly more broken, so that the assertion of that a new injury occurred is not of clinical significance in terms of evaluating the effects of treating his documented internal disc disruption at a single level. Obviously, if a new level were involved that would be a concern for a new injury. In conclusion, I believe it is reasonable and medically necessary and consistent with several other reviewing physicians on this case including Dr. Fook, that repeat IDET annuloplasty is medically reasonable, and the fastest way to treat this injury that is a direct result of his injury date of ____.

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 21st day of February, 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC:

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