

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

April 26, 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: M2-06-1053-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 3.29.06.
- Faxed request for provider records made on 3.29.06.
- The case was assigned to a reviewer on 4.12.06.
- The reviewer rendered a determination on 4.25.06.
- The Notice of Determination was sent on 4.26.06.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of 8 individual psychotherapy sessions 1X week X 8 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 denied service(s).

Summary of Clinical History

Mr. ____ was working as an operator for _____ when he injured his low back on _____. He was climbing out of a ditch when he lost his footing and fell back in, striking and injuring his low back.

He presented to Sergio Ortiz, DC of Life Chiropractic for examination and treatment. Dr. Ortiz examined and x-rayed the patient. He took him off of work and began treating him with a regimen of chiropractic adjustments, passive physical therapy modalities and active rehabilitation exercises. These provided temporary relief.

Routine x-ray studies of the lumbar spine were unremarkable. In addition, MRI study of the lumbar spine performed at Diagnostic Outpatient Imaging on October 10, 2005 revealed mild spinal canal stenosis at L4-5 and L5-S1 with associated neural foraminal stenosis. A retrograde spondylolisthesis of L5 on S1 was identified as well as degenerative disc disease at L4-5 and L5-S1 levels.

On September 22, 2005, electrodiagnostic studies revealed abnormalities on the right of L3 and S1 consistent with the patient's symptomatology.

Mr. ___ was referred to Robert Urea, MD of the Texas Neck and Back Institute for a series of epidural steroidal injections at the L5-S1 level. These provided an additional but temporary degree of relief from intractable right sided low back pain with associated radicular symptoms down the thigh and leg.

Psychological evaluation performed by James Flowers, MA-LPC, QMHP at Healthtrust identified significant psychosocial issues of depression and anxiety contributing to the pain levels associated with the work related injury.

Clinical Rationale

Clear and concise decision to overturn the URA denial of the above proposed treatment plan. The claimant continues to suffer from significant low back pain. The psychological evaluation performed by James Flowers, MA-LPC, QMHP identified psychosomatic issues of anxiety and depression that qualify the patient as a candidate for individual psychotherapy sessions.

Approval of the above proposed treatment plan is predicated upon 10 years clinical experience as well as information from the AMA Guides to the Evaluation of Permanent Impairment, 4th Ed., 4th Printing, 1999., p. 292, second column, 4th paragraph, "Somatic and psychological treatment and adequate supervision are important in all affective disorders, because of the risk of suicide.

Clinical Criteria, Utilization Guidelines or other material referenced

- AMA Guides to the Evaluation of Permanent Impairment, 4th Ed., 4th Printing, 1999., p. 292, second column, 4th paragraph

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

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.

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 26th day of April 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: Healthtrust
Attn: Norma F.
Fax: 713.527.8558

Transcontinental Ins c/o Stone Loughlin & Swanson
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