

# Parker Healthcare Management Organization, Inc.

4030 N. Beltline Road, Irving, TX 75038

972.906.0603 972.906.0615 (fax)

Certificate # 5301

December 20, 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: M2-07-0157-01  
RE: Independent review for \_\_\_\_

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

- Parker Healthcare Management received notification of independent review on 10.25.06.
- Faxed request for provider records made on 10.25.06.
- TDI DWC issued an Order for Payment on 11.6.06.
- The case was assigned to a reviewer on 12.6.06.
- The reviewer rendered a determination on 12.20.06.
- The Notice of Determination was sent on 12.20.06.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity of proposed L5-S1 decompression and fusion; 22612, 22614, 22630, 22632, 63047, 63048, 38220, 20930

### 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

The patient is 29 years of age and had a work injury on \_\_\_\_, which per the 9/1/05 emergency department records involved the left hand. There was no lumbar injury reported to the emergency department. On 9/7/05, he presented to Dr. Kushwaha, who reported low back pain but no radicular pain or findings. He was noted to be a smoker.

### Clinical Rationale

The subsequent lumbar MRI on 9/30/05 showed L4-5 to have an annular tear and L5-S1 to have a disc bulge protrusion. The 7/21/06 myelogram CT scan showed spondylolysis of L5 without spondylolisthesis as well as moderate disc bulge at L4-5 with moderate bilateral foraminal stenosis. There were transforaminal ESIs done by Dr. Dickerson and some physical therapy.

Dr. Kushwaha has proposed a decompression of L5-S1 with fusion without any treatment to the L4-5 level in this 29 year old, who smokes. Any fusion of L5-S1 will transfer the stress to the adjacent disc level, which is also abnormal. The basis for Mr. \_\_\_ pain is also incompletely determined. Cessation of smoking would be essential prior to consideration of any fusion surgery.

Thus, this request as submitted is not considered to be a medical necessity given the clinical history and imaging assessments for review as well as the Official Disability Guidelines and American College of Environmental and Occupational Medicine Guidelines.

## Clinical Criteria, Utilization Guidelines or other material referenced

- Official Disability Guidelines
  - American College of Environmental and Occupational Medicine Guidelines.
- 

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 20<sup>th</sup> day of December, 2006.

---

Meredith Thomas  
Administrator  
Parker Healthcare Management Organization, Inc.

CC: Vivek Kushwaha, M.D.  
Attn: Virginia Garcia

Hartford Casualty  
Attn: Barbara Sachse