

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

November 17, 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: M2-07-0204-01

RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 10.18.06.
- Faxed request for provider records made on 10.18.06.
- The case was assigned to a reviewer on 11.3.06.
- The reviewer rendered a determination on 11.16.06.
- The Notice of Determination was sent on 11.17.06.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of proposed work hardening 5 X week X 2 weeks (extension)

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

This individual is being treated by Dr. Chouteau for back pain. He has been provided a 10 day work hardening program, Dr. Slaughter's program. She had some initial slow problems with blood pressure control and other issues of chronic pain. Reports indicate that he had a work-related injury on ____ and a prior back injury in _____. He has undergone an L5-S1 discectomy. He underwent a second discectomy on 11/22/1996 at L5-S1 level. In 1998 he completed a chronic pain management program. He worked as a computer tech until 08/09/2005 and at that time, he underwent a posterior lumbar inner body fusion at L4-L5 and L5-S1 and was subsequently terminated from his computer tech position in August of 2006. He completed 10 sessions of work hardening program.

Clinical Rationale

This individual has been denied work hardening because of "no obvious job to return to and no way to specially modify his work." There is no consideration by the carrier to the fact that this individual has been back at work for several years and the only reason he is not working presently is because he had a

new surgical procedure, which caused significant deconditioning and loss of function. The work hardening program was an attempt to get him back in the competitive workforce. While there may not be a specific job description, someone that has had 10 years of back pain and subsequent surgery with a 2 level fusion would be deconditioned and would likely benefit with reconditioning and work hardening to maximize the functional abilities that would allow that person to re-enter the job market.

This person has already shown the capacity to re-enter the job market after 2 previous surgeries. It would be appropriate to give him the benefit of treatment that would maximize his functional ability and maximize his potential for employment.

Clinical Criteria, Utilization Guidelines or other material referenced

Orthopedic Knowledge Unit, Lumbar Spine 2002.

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 17th day of November, 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: High Point Rehab
Attn: Jana Neathery

Continental Casualty
Attn: Joe Anderson