

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Road, Irving, TX 75038

972.906.0603 972.906.0615 (fax)

Certificate # 5301

December 11, 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: M2-07-0257-01

RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 11.6.06.
- Faxed request for provider records made on 11.06.06.
- TID DWC issued an Order for Payment on 11.17.06.
- The case was assigned to a reviewer on 11.28.06.
- The reviewer rendered a determination on 12.8.06.
- The Notice of Determination was sent on 12.11.06.

The findings of the independent review are as follows:

Questions for Review

Medical Necessity of proposed Caudal ESI w/cath under fluoroscopy w/IV sedation (62319,76005)

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 is a 49-year-old African American gentleman injured in ____ as a materials handler with severe back pain. He has been under the care of Dr. Richard Marks, an orthopedic surgeon. He went through a chronic pain program and a work skills program and has completed 6 sets of epidural steroid injections and continues to have chronic and tractable pain. He started seeing Dr. Neil Atlin, a pain specialist, in March of 2006. Dr. Atlin documented the note, which indicates his plan to initiate treatment with medication management and to consider procedural implementation.

His impression is chronic back pain with lumbar radiculopathy. His physical exam documented on that date does not show any weakness in the legs, just tenderness over the right sciatic notch and straight leg raises of 60 degrees with a positive Lasègue sign of hamstring tightness. He reports pinprick sensation was preserved and there was no pseudo moderate or visometer changes.

The patient has been chronically seen in Dr. Atlin's office always complaining of severe pain and receiving medication management, which is appropriate and documented well. There are no serial

physical exams documented; only the initial exam is noted. There is no evidence of change in the patient's status in terms of increased weakness or loss of function of leg, bowel, or bladder.

Clinical Rationale

Based on my review of this history and record, I believe Dr. Atlin's notes indicate that his consideration was for medication management of this patient who had already had multiple sets of injections and then to consider procedural treatment, which included a possible spinal cord stimulator.

Based on the records provided at this point in time with failure of 6 sets of epidural steroid injections and failure of all other conservative care, it does not seem reasonable or medically appropriate to repeat a procedure that has already been noted to fail on 6 prior sets. Furthermore, there is no indication in the records to support evidence of active radiculopathy, just back pain and some pain radiating into the leg is documented. There is no weakness or reflex changes. There is no evidence of changing in his clinical statues noted to warrant another epidural steroid injection. Given his prior history of 6 prior sets of these injections, Dr. Atlin had failed to comment or mention as to why or how another epidural steroid injection would possibly be effective at this point in time that was not previously effective.

Due to lack of clinical indication of acute radiculopathy, radicular changes, and possible efficacy, and repeated epidural steroid injection with so many failed injections, there is no clinical evidence to support the request. This does not mean that additional procedural management would be considered inappropriate, just that this particular request is not supportive of the medical data provided to me.

Clinical Criteria, Utilization Guidelines or other material referenced

- ISUS International Spine Injection Society guidelines
- Standard Medicare Guidelines

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 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 11th day of December, 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: Neil Atlin, M.D.

American Home Assurance/FOL
Attn: Katie Foster