

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

December 20, 2006

Re: Medical Dispute Resolution
MDR# M2-07-0422-01
DWC# _____
Injured Employee: _____
DOI: _____
SS#: _____
IRO Certificate #: IRO5313
Name of Requestor: Helson Pacheco, M.D.
Name of Provider: Helson Pacheco, M.D.
Reviewed by: Neurosurgeon

TRANSMITTED VIA FAX TO:

Medical Dispute Resolution
TDI-Division of Workers' Compensation
FAX: 512-804-4868

Dear Dr. Pacheco:

In accordance with the requirements for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Southwest Medical Examination Services, Inc. (SMES) for an independent review. In performing this review, SMES reviewed relevant medical records, any documents provided by the parties referenced above, and documentation and written information submitted in support of the dispute.

I am an officer of Southwest Medical Examination Services, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of neurosurgery, and is currently listed on the DWC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Medical records from the Respondent include:

- John Dickason, M.D., 08/10/98, 08/12/98, 08/31/98, 09/01/98, 09/03/98, 09/08/98, 09/21/98, 09/22/98, 09/24/98, 11/16/98, 11/17/98, 12/24/98, 03/15/99, 03/17/99, 04/12/99, 04/14/99, 04/16/99, 04/20/99, 05/10/99, 05/12/99, 06/02/99, 06/04/99, 06/21/99, 07/01/99, 08/02/99, 10/08/99, 02/07/00, 02/08/00, 05/22/00, 12/04/00, 01/05/01
- John S. Jackson, D.O., 11/05/98
- TWCC, 08/09/99
- Duncan McDonald, L.P.T., 06/25/99, 12/14/00, 12/19/00, 12/21/00, 12/26/00, 12/28/00
- Providence Memorial Hospital, 09/21/04
- Dean E. Smith, M.D., 11/01/04, 11/02/04, 11/15/04
- James H. Algeo, Jr., M.D., 09/06/05, 08/14/06
- Carlos O. Viesca, M.D., 09/30/05, 10/28/05, 12/02/05, 01/05/06, 01/20/06, 02/02/06, 05/05/06, 08/14/06
- Helson Pacheo-Serrant, 02/28/06, 09/14/06
- Carrie Davis, R.N., 03/29/06
- William C. Waters III, M.D., 07/21/06

Medical records from the Treating Doctor/Provider include:

- Alan Wayne Cooksey, A.T.C., 03/15/96
- John Dickason, M.D., 08/10/98, 08/24/98, 08/31/98, 09/03/98, 09/08/98, 09/21/98, 10/12/98, 10/26/98, 11/16/98, 12/21/98, 12/24/98, 02/15/99, 03/15/99, 04/12/99, 04/16/99, 05/10/99, 05/20/99, 06/02/99, 06/21/99, 07/01/99, 08/02/99, 10/08/99, 01/05/01, 02/01/01, 02/08/01, 12/03/01, 12/17/01, 04/30/04, 06/18/04, 08/09/04,
- Duncan McDonald, L.P.T., 09/08/98, 09/09/98, 09/11/98, 09/14/98, 09/15/98, 09/16/98, 06/25/99, 10/13/99, 12/14/00, 12/19/00, 12/21/00, 12/26/00, 12/28/00
- Charles Zaltz, M.D., 09/22/98
- Marvin Hill, M.D., 06/15/04
- Ariel Reyes, P.T., 06/22/04
- Robert Olivares, M.D., 07/19/04, 07/20/04
- Dean E. Smith, M.D., 08/23/04, 10/04/04, 10/18/04, 11/01/04, 11/02/04, 11/15/04, 11/29/04, 08/22/05, 09/19/05
- Carlos O. Viesca, M.D., 09/30/05, 12/02/05, 02/02/06, 02/17/06, 04/24/06, 05/05/06, 06/30/06

- Helson Pacheo-Serrant, 02/28/06, 09/14/06, 10/03/06, 10/11/06, 11/30/06

Clinical History:

The patient is a Latin American male that was originally involved in an on-the-job injury in late ___ when he was working on an engine of a bus and strained his back because the overlying hood slipped and fell.

The patient underwent extensive treatment over a number of years including multiple epidural steroid injections. An original discogram performed in September of 2004 suggested discogenic problems at L3-4 and L4-5, and on this basis the patient underwent IDET procedures at these levels, which reportedly did not improve his pain. He continued to be treated conservatively and ultimately underwent repeat lumbar discography in August of 2006 with discography at L3-4, L4-5, and L5-S1, all indicating pain that was similar, but not identical to the usual pain, and indicating contrast extrusion and fissuring at all of these levels. An additional MR of the lumbar spine on August 14, 2006 was reported as normal.

The patient subsequently was evaluated by orthopedic surgery in El Paso and was felt to have “two level lumbar discogenic disease and internal disc disruption.” On this basis, disc replacement at L3-4 and L4-5 was felt to be appropriate, and reportedly the patient did undergo the procedure, which is now being contested.

Disputed Services:

2 level disc replacement with 3 day length of stay.

Decision:

I have reviewed these records extensively and I would disagree that the patient was appropriately operated. It appears as if he has multilevel degenerative disc disease and certainly it would be controversial to even recommend a two level lumbar disc replacement. Given the review of the records there is no good substantiation to recommend lumbar disc replacement at any level.

Rationale:

The rationale for the non-approval comes from the fact that the patient’s ultimate testing in 2006 did not corroborate true discogenic disease and internal disc disruption at one or two levels, but instead at three levels in the face of a normal MR. In my opinion, this would not constitute appropriate criteria for the recommendation of fusion at any level.

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This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Southwest Medical Examination Services, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with this decision, you may seek judicial review of the decision. (Texas Labor Code, 413.031k) To seek such an appeal, a petition for judicial review must be filed with the Travis County District Clerk's Office in Austin, Texas not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. (Subchapter G, Chapter 2001, of the Texas Government Code) Neither the Department of Insurance nor the Division of Workers' Compensation is considered a party to the medical dispute in a judicial review. You may wish to consult with an attorney of your choice to assist you in filing an appeal. The Division of Workers' Compensation cannot assist or provide legal advice to you in this matter."

In accordance with Commission Rule 102.4(b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 20th day of December 2006.

Sincerely,

John Turner
Southwest Medical Examination Services, Inc.