

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

February 20, 2007

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: M2-07-0708-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 1.12.07.
- Faxed request for provider records made on 1.12.07.
- TDI DWC issued an Order for payment on 1.29.07.
- The case was assigned to a reviewer on 2.8.07.
- The reviewer rendered a determination on 2.20.07.
- The Notice of Determination was sent on 2.20.07.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of 8 hours of neuropsychological testing

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

The claimant was injured as a result of a work related accident in which the claimant was hit in the face by a clamp that he was moving from the chain of his crane. This caused a mandibular fracture on the date of _____. He had surgical intervention on the date of 10-13-04 which consisted of ORIF. Since that time period, the claimant has received various forms of treatment, diagnostics and referrals. There have been various diagnoses associated along with the mandibular fracture including post traumatic facial pain (trigeminal neuralgia), cervical strain and had some injuries sustained to the teeth. Currently he is taking large dosages of pain medication to control his symptoms.

Clinical Rationale

The claimant has pain that seems to average at an 8/10 on the VAS. He has trigeminal related pain or facial pain which is documented as being one of the most debilitating types of pain syndromes at times. The claimant has poor sleep, relationship problems that are directly related to the injury, financial loss,

feelings of worthlessness, anxiety, depression, irritability, decreased sexual interest and drive, poor concentration and inattention. He has problems with various activities of daily living and eating certain foods. The claimant also received a blow to the head that was severe enough to fracture a bone in his face and injure his neck. His mental status examination was grossly intact; however, various cognitive factors which are part of the central nervous system were apparently altered. This includes the anxiety, depression, problems with attention and concentration. These are typical findings and often prevalent after head injuries. In order to quantify the dysfunction there is need for further testing and evaluations beyond the regular physical examination. The regular physical examination can at times be deficient in completely evaluating various cortically based problems, which is why testing batteries have been made beyond the regular physical examination to give a more precise and clear picture of the extent of injury. Testing should be done in order to determine severity and impact directly related to the injury.

Comprehensive neuropsychological testing is supported as a way to determine the related cognitive and psychological issues that might be present as a result of the compensable work related injury. The fact should also be pointed out that due to nerve ablation not being an option and there is nobody to put in a stimulator, continued pain and psychological impairment is to be expected due to continued high levels of chronic pain. The patient essentially has no other treatment options but to learn to cope. Psychological intervention is likely the only form of treatment option that he has right now outside of high levels of pain medication.

Clinical Criteria, Utilization Guidelines or other material referenced

Occupational Medicine Practice Guidelines, Second Edition.

The Medical Disability Advisor, Presley Reed MD

A Doctors Guide to Record Keeping, Utilization Management and Review, Gregg Fisher

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 20th day of February, 2007.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC:

Jim Collier, D.C.

TX Mutual
Attn: Rick Ball