

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

May 9, 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: M2-06-1067-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 3.31.06.
- Faxed request for provider records made on 4.3.06.
- TDI-DWC issued an Order for Records on 4.13.06.
- The case was assigned to a reviewer on 4.25.06.
- The reviewer rendered a determination on 5.8.06.
- The Notice of Determination was sent on 5.9.06.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of posterior spinal fusion L4-5, pedicle screws & rods, autograft SD90 Cyro unitX10 rental, LSO brace:K0636

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

In this case, the claimant sustained a work-related lower back injury while lifting at work on _____. The claimant is a heart transplant patient. He is obese and has had placement of two stents. Evidently, a provider is seeking preauthorization for a lumbar fusion of L4-L5 with pedicle screws, rods, and autograft, as well as postoperative chemotherapy unit and a lumber brace.

Clinical Rationale

In my medical opinion, I think the determination should uphold the URA denial. In my opinion, as it is well documented in the numerous areas within the chart provided for me, the opinion of several physicians as well as at least one noted orthopedic surgeon, Dr. Steven Cyr, does not think that surgery is indicated for

there is no evidence of instability, neurologic compromise, and the patient is a poor surgical candidate. Throughout his almost 3-year history of seeing a variety of physicians, only one has recommended surgery. My professional judgment and my professional experience is that the patient is not a candidate for surgery.

Based on a review of medical records provided for me, there is no neurologic collapse, neurologic compromise, and no instability. He has seen a variety of physicians who note that his heart is in poor condition even before his cardiac transplant. After his cardiac transplant, he is still morbidly obese. It sounds as if he is still fairly sick. In my opinion, the risks of severe complications far outweigh any benefit from an elective lumbar surgery. The question has also been raised as to the indication for the surgery, as there is no indication of neurologic compromise or instability - if surgery should be considered, specifically at the L4-L5 region. If surgery was undertaken at this region -- at that point why would one neglect the arthritic changes seen in L5-S1. As noted by Dr. Steven Cyr, there are a variety of ways to handle his pain and in my opinion, those should be thoroughly explored and that should be the route taken.

In summation, I would agree with Dr. Steven Cyr and Dr. Metoyer, who did not think that surgery was indicated for a variety of reasons. This is based on medical documentation provided for me at this time. If further medical documentation should become available, I would be happy to review it. These decisions are based on my medical opinion only.

Clinical Criteria, Utilization Guidelines or other material referenced

- Spine Instructional Course Lectures, 2003, American Academy Orthopedic Surgeons.

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 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 9th day of May 2006.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC:

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