

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** APRIL 20, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of ALIF, L5-S1 ( 22558, 22845, 22851, 63090, 76003, 99223)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.10	22558,22845, 22851		Prosp						Upheld
722.10	63090,76003, 99223		Prosp						

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO

Respondent records- a total of 569 pages of records received to include but not limited to: letter, 2.13.07, 2.27.07; Preauth flow sheet, paperwork, 4.5.01-2.2.07, 12.21.06; Article New England Journal of Medicine ; Various DWC 73 forms, 11.1.06; Dr. records, 1.29.03, DDE, 1.8.02; FCE, 10.1.01; ROM report,

10.1.01, 1.8.02; letters, 6.7.06, 6.19.06, 10.19.06, 11.7.06; MRI Lumbar, 3.6.01, 10.24.06 reviews, 5.13.02, 6.6.06, 6.13.06, 11.3.06; emails from; report, 10.19.06; records, 3.10.06-5.26.06; records, 1.23.01-3.17.01; CT Lumbar Spine 3.13.02

Requestor records- a total of 65 pages of records received to include but not limited to: , 4.5.01-2.2.07;, 12.21.06; MRI Lumbar, 3.6.01, 10.24.06

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is female and had a spine injury. She had multiple evaluations and treatments. She had noted discogenic pain at L5-S1, based on the 12.2.06 discogram results. However, the post-discogram CT scan showed significant annular changes at L4-5 (Grade 4/5), as well as the L5-S1 changes. There was also facet hypertrophy at L4-5 noted on the MRI.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The development of a transition zone at L4-5 is very likely with any L5-S1 fusion in this patient. There was no noted spine instability. *The Official Disability Guidelines* do not validate the use of a lumbar spine fusion surgery for discogenic pain without instability. Thus, the proposed fusion at L5-S1 is not approved as requested, given the L4-5 annular changes and the lack of L5-S1 instability.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XXODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)