

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** DECEMBER 3, 2007

**IRO CASE #:**

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

Medical necessity of proposed repeat MRI Lumbar Spine w/o contrast (72148, 76377)

### **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)
- XX 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
724.02	72148, 76377		Prosp	1			xx.xx.xx		Overturned

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 104 pages of records received to include but not limited to: MRI L-spine request form; records from, 8.2.07 ; referral form 12.3.07; 11.23.04-11.10.06; MRI L-spine 11.9.04; , x-rays 10.25.04; records, 9.20.06; MRI Lumbar Spine 6.24.06; , 4.3.07; Post Discogram CT scan, 3.29.07; notes, 1.10.05-3.21.07; ODG guidelines were not provided

Requestor records- a total of 7 pages of records received to include but not limited to:  
Records from, 7.17.07-10.16.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related on the job injury on xx/xx/xx. He had a discogram positive L4-L5 back pain. He had an MRI on 6.26.07 which showed a left hemelaminotomy at L5-S1 with granulation tissue around the left S1 nerve root. There is a left paracentral disk herniation at L4-5 with possibility of a recurrent herniation at L5-S1 with 3cm non-enhancing tissue at the posterior margin of the disk that slightly displaces the S1 nerve root. The patient has been under medical management but continues to have pain levels of 8/10.

**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/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

This patient has discogram positive pain at L4-5, which has been uncontrollable with conservative management for the past two years. A greater than one year old MRI is insufficient to make a surgical decision, especially with regards to the extent of surgery.

Due to this patient continuing to be in significant, uncontrollable pain despite medical management, the repeat MRI is reasonable and medical necessary to allow the surgeon to make appropriate decisions regarding indications for surgery and the extent of the surgery.

**RATIONALE**

1. Medical and surgical common sense.
2. Standard of care.
3. Medical judgment along with clinical expertise and experience in accordance with accepted medical standards.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES