

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 18, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed IP posterior Lumbar laminectomy, decompression, L3-4-L5-S1

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
unk	IP posterior Lumbar laminectomy,decompression, L3-4-L5-S1		Prosp						Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 123 pages of records received to include but not limited to: letter 8.17.06, 11.30.07; notes, Orthopedic Associates 11.4.03-12.2.03; DDE 7.25.05, report, Dr. 8.15.05; Evaluation, RME, 8.30.07; notes, Institute, 12.16.04-5.15.07; CT L-spine 3.21.06;

radiology report 8.15.05; Lumbar discogram w/post CT 8.11.04, 6.24.04; operative report 8.15.05; PT notes 4.11.05; notes 9.30.05-1.21.06; notes, Dr. 8.2.05

Respondent records- a total of 133 pages of records received from FOL to include but not limited to: letter from, 12.3.07; ODG:low back Lumbar and Thoracic; letter 10.15.07, 11.8.07; RME 8.30.07; Evaluation, RME, 8.30.07; notes, Institute, 12.16.04-5.15.07; CT L-spine 3.21.06; radiology report 8.15.05; Lumbar discogram w/post CT 8.11.04, 6.24.04; operative report 8.15.05; PT notes 4.11.05; notes 9.30.05-1.21.06; notes, Dr. 8.2.05

Requestor records- a total of 51 pages of records received to include but not limited to: Request for IRO; Evaluation, RME, 8.30.07; notes, Institute, 12.16.04-5.15.07; CT L-spine 3.21.06; radiology report 8.15.05; Lumbar discogram w/post CT 8.11.04, 6.24.04; operative report 8.15.05

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

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 had a lumbar strain in xx/xx with a pre-existing degenerative spine condition. He had a prior ALIF in 2005 at L3-4. However, this did not address the stenoses which per the 3/21/06 myelogram CT scan was multi-level. Dr. had proposed a multilevel procedure for decompression and fusion, yet the request for review only lists the L3-4 and L5-S1 levels. The reported stenosis at L2-3 and L4-5 is only slightly less severe than the L3-4 level.

The records from Dr. also reported the patient to be a smoker, which would be a relative contraindication to a fusion surgery. The last note from Dr. was dated 3/15/07, in which he stated, "obviously would like to have the opportunity if needed to fuse the posterior area in addition to decompression. We might use the Scient X rod, but use it as a fusion." Dr. did the RME on 8/30/07 and reported continued tobacco use.

The item in dispute appears inconsistent with the records. There is no current patient exam notes nor diagnostic testing to support medical necessity for the requested procedure. Thus, the request is not approved as a medical necessity.

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