

Parker Healthcare Management Organization, Inc.

DATE OF REVIEW: FEBRUARY 23, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of repeat Lumbar Myelogram/post CT scan- outpatient

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 is a diplomate of the American Board of 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 |
|-------------------|----------------------|------------------|----------------|-------|--------------------|---------------|----------------|------------|--------------|
| 724.2 | 72265 | | Prosp | | Unk | | | | Upheld |
| 724.2 | 72133 | | Prosp | | Unk | | | | Upheld |
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INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO

Respondent records- a total of 386 pages of records received to include but not limited to:

FOL letter, 2.6.07; Direct letter, 1.9.07; UR 1.9.07, 1.29.07; Peer Review, 11.22.05, 1.20.06, 8.2.06, 8.17.06,8.29.06; Accident and Injury, patient notes,

8.19.05-8.4.06, Med Insights, 10.13.05,11.29.05,12.7.05, 12.30.05, 1.20.06, 6.28.06, 8.22.06; FCE 5.22.06; Orthopedic patient notes, 12.29.05-2.16.06 ; patient notes, 8.23.05-5.16.06; ElectroDiagnostic Study, 10.28.05; -11.22.05; MRI, 5.5.05; MCMC report, 12.28.05; Patient note, 12.27.05; DDE, 9.15.05, Patient notes, Chiropractic, 5.12.05-7.5.05

Requestor records- a total of 11 pages of records received to include but not limited to:

Patient medical history, evaluation; patient notes, Dr. 12.6.06, 1.18.07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient had a work injury in. She had extensive treatment including diagnostic work up.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Dr. a spine surgeon, evaluated her in late 2005 and proposed a myelogram CT scan of the lumbar spine. This study was completed and reviewed by Dr. on 2/16/06. He concluded that this study did not show any distinct herniation or nerve root compression. He also stated he found no basis for any surgery based on her myelogram CT scan. The official myelogram CT scan report was not in the file for review. Dr. even concurred on his January 18, 2007 office record that did not have any new symptoms or findings. Dr. does not reference the prior myelogram CT scan completed in January 2006 in his 1/18/07 letter, or his 12/6/06 office note. Possibly, he is unaware of this study's completion.

Thus, there is no medical necessity to repeat the myelogram CT scan given these records for review. Thus, the conclusion is "uphold the denial".

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
- XXX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XXX ODG- 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)