

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 2, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of a Orthofix bone growth stimulator

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
724.2	G0748		Prosp	1					Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 889 pages of records received to include but not limited to: Various EOBs, 1.23.04-4.24.07; Various HCFAs from different providers, 7.2.03-5.30.07; letter, 5.22.07; Patient notes, 11.10.04-1.27.05; X-rays 8.9.06; Lumbar discogram, 10.17.06; Lumbar myelogram, 7.8.05; Spine Center, 4.14.05; Patient notes, Dr., 6.15.05-5.31.07; Report, Dr.

6.19.03; Patient notes, Dr., 11.16.03-3.14.04; Rehab solutions notes, 6.17.05-3.30.07; Patient notes, Medical Center, 1.17.06-4.21.06; DDE, 4.24.07

Requestor records- a total of 18 pages of records received to include but not limited to: Notes, Dr., 6.15.05-5.31.07; Lumbar discogram, 10.17.06; letter, 5.22.07

URA records- a total of 39 pages of records received to include but not limited to: Notes, Dr., 6.15.05-5.31.07; Lumbar discogram, 10.17.06;

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained an on the job injury.

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 prior L3-4 laminectomy and discectomy 11-4-02 and developed spondylolisthesis at L3-4. The patient had a positive discogram at L3-4 and L4-5 and was approved for a two-level fusion. She was reported to be a smoker. Thus, she has multiple risk factors for wound and/or pseudarthrosis with a) instability; b) smoking, c) multilevel procedure; d) there had been prior spine surgery; and e) she is diabetic.

Thus, the request for a bone growth stimulator is approved as a medical necessity.

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
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
(*TWC, Low Back, 5th Edition, 2007.*)
- 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