

Parker Healthcare Management Organization, Inc.

DATE OF REVIEW: MARCH 13, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed MRI Lumbar Spine w/o contrast

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	72148		Prosp	1					Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO

Respondent records- a total of 57pages of records received to include but not limited to:

TDI-HWCN Request for an IRO; letters, 12.13.06, 1.4.07; Records, 10.30.06-1.02.07; Notes, Dr. 7.21.06; MRI-L Spine, 3.28.06; Discogram, 7.21.06, CT Lumbar, 7.21.06;Notes, Dr. 12.13.06

Requestor records- a total of 35 pages of records received to include but not limited to:

Records 3.24.06-2.8.07

Patient note 2.21.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury. He weighs about 250 pounds. His initial MRI was done 3.28.06 in an open MRI unit which is typically a low Tesla magnet rating.

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

There is some confusion regarding the vertebral numbering in comparison to the discogram/CT scan of 7.21.06. Dr. has noted dessication and some disc bulge at L5-S1 while the L4-5 level was considered to have some moderate stenosis. The discogram needle was apparently not able to be placed at L5-S1. Dr. has proposed spine surgery but has desired a high field strength MRI to better assess the disc hydration and morphology. Since the last imaging study was almost eight mouths ago, the repeat MRI on a high field strength MRI (1.5) would be appropriate.

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
- 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

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
Spine 2; Orthopedic Knowledge Update, 2003, American Academy Orthopedic Surgeons.

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)