

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** MAY 4, 2007

**IRO CASE #:**

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

Medical necessity of decompression of lumbar laminectomy L4-S1; fusion L4-S1 and TLIF L4-S1; cage L4-S1, with instrumentation

## **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
722.93	Lumbar surgery(See services in dispute)		Prosp						Upheld

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

TDI-HWCN-Request for an IRO

Respondent records- a total of 57 pages of records received to include but not limited to: letter, 2.5.07, 3.27.07, 4.18.07; IRO request; Chiro notes, 3.8.07; notes, Dr. 1.5.07-3.8.07; Lumbar Myelogram, 12.27.06; CT Lumbar, 12.27.06; X-Rays, 12.27.06; MRI Lumbar, 7.11.06; notes, 10.23.06-2.15.07, Surgical notes, 12.14.06; Brain and Spine, 1.23.07

Requestor records- a total of 64pages of records received to include but not limited to: notice of IRO, Request for an IRO; notes, Dr., 1.5.07-3.8.07; Lumbar Myelogram, 12.27.06; CT Lumbar, 12.27.06; X-Rays, 12.27.06; MRI Lumbar, 7.11.06; notes, 10.3.06-11.28.06; Diagnostics, 10.25.06; report, Dr. 12.5.06, report, Dr. 10.3.06

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Mr. Snyder had a work injury with subsequent right lower extremity radiculopathy.

**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 L4-5 disc abnormality on the right side on his myelogram/CT scan that correlates with his leg pain. He is a reported tobacco user, which is a relative contraindication for an elective spine fusion surgery. Moreover, there is no reported instability at L4-5 or L5-S1 that would support the use of a fusion procedure even independent of his tobacco use.

The *Official Disability Guidelines* do not support the use of a lumbar fusion without fracture or instability. Thus, given these records for review, the proposed two-level spine fusion 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:**

- 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
- 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)