

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** MAY 10, 2007

**IRO CASE #:**

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

Medical necessity of Lumbar fusion at L4-5, L5-S1 (22851) with LOS 3 days

## **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
724.5	22851		Prosp	1					Upheld

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

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 57 pages of records received to include but not limited to:  
Notes, Dr. 4.11.07; DWC 73; IRO request; notes, 2.28.07, 3.26.07, 3.27.07; Letter, 4.18.07;  
Surgery notes 2.9.07-4.9.07; CT 1.20.07; Lumbar x-rays, 1.20.07, 2.15.07; MRI L-Spine, 1.21.07;  
Bone Scan 1.20.07; report, 1.8.07

Requestor records- a total of 15 pages of records received to include but not limited to:  
Surgery notes 2.9.07-4.9.07; Lumbar x-rays, 1.20.07, 2.15.07; MRI L-Spine, 1.21.07; Bone Scan  
1.20.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male bus driver who sustained injury to his lower back while he was lifting luggage. He had x-rays and MRI studies of his back, which demonstrated a spondylolisthesis at L4-L5. It was grades as a grade 1 spondylolisthesis. This man is also being treated for chronic Leukemia and he was noted to have Osteopenia in his x-rays. The MRI demonstrated some mild stenosis at L4-L5. He was referred to Dr. a neurosurgeon, who saw him and ordered some 12 sessions of physical therapy. He was noted to improve initially, but when improvement stopped on February 28, 2007, Dr. requested approval for surgical treatment on his spine. This surgical procedure was not approved by the carrier and is now being appealed by Dr.

**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.**

The patient had a CT scan on January 20, 2007, which demonstrated extensive retroperitoneal mesenteric adenopathy, which was consistent with his known Leukemia. The study also demonstrated pronounced splenic enlargement.

In regard to this case, the denial of the surgical procedure should be upheld. This man has no past history of other treatment other than the physical therapy and medication. There are other conservative measures that could be done, particularly in a individual with Leukemia and splenic enlargement before resorting to surgical fusion of the L4-L5 level. I agree with the denial of surgical procedure at this point in time.

This denial is based on medical judgment, clinical experience, and expertise in accordance with accepted medical standards and the ODG official disability guidelines and treatment guidelines.

**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)