

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: OCTOBER 25, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed L4-L5 microdiscectomy with inpatient LOS 2 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
722.10	L0565		Prosp	1			xx/xx/xx	xxxxx	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 68 pages of records received to include but not limited to: letter, 9.27.07; ODG guidelines in denial letter, Indications for surgery, discectomy/laminectomy; notes, Dr., 1.19.07-5.17.07; MRI L spine 4.17.02, xx/xx/xx; notes, Rehab 6.5.07-6.7.07; notes, Dr., 8.8.07-8.23.07; transcription 3.6.07; report Dr. 11.13.06

Requestor records- a total of 15 pages of records received to include but not limited to: Notes, Dr. 8.8.07; notes, Dr. 1.4.07-7.3.07; notes, Rehab 6.7.07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient had a work injury on xx/xx/xx, while pulling cables and lifting manhole covers.

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.

He had a lumbar MRI on xx/xx/xx, which showed a L4-5 disc herniation with L5 nerve root entrapment, as well as a L5-S1 disc herniation on the right. However, he has left sided pain symptoms with a positive left sided straight leg raise per Dr., yet Dr. on 3.6.07 reported primarily right sided symptoms. The patient had a prior MRI in 2002, which also showed a significant L4-5 disc herniation on the left.

He has had ESIs, medication management, and physical therapy. The L5-S1 disc abnormality had been symptomatic with noted numbness ever per Dr.

The proposed L4-5 micro-discectomy would be allowable. The L4-5 disc herniation was obviously present prior to the xx/xx/xx work injury. However, this current review is for medical necessity not compensability.

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)