

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar back surgery (20930, 22612, 22614, 22630, 22632, 22851, 38230, 63030, 63035, 38220, 99223)

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
724.02	20930/ 22612/ 22614/ 22630/ 22632		Prosp	1			xx/xx/xx	xxxxxxxx	Upheld
724.02	22851/ 38230/ 38220/ 63030/ 63035		Prosp	1			xx/xx/xx	xxxxxxxx	Upheld
724.02	99223		Prosp	5			xx/xx/xx	xxxxxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 58 pages of records received from the URA to include but not limited to: letters 3.28.07, 4.12.07, 7.18.07, 8.8.07; pre-auth flow sheet 8.1.07, 8.17.07; notes 3.1.07-8.13.07; Dr. notes, 11.2.06; MRI 9.5.06, 2.24.06; Operative report, 4.4.06; CT and, 3.5.07; X-ray 2.24.06, 4.4.06; report, 5.31.07; letter 7.18.07, 8.8.07; ODG guidelines not provided

Respondent records- a total of 41 pages of records received from the insurance company to include but not limited to: Precert request form, 8.13.07; report 5.31.07; Notes, 3.1.06-8.13.07; CT and Myelogram, 3.5.07; notes, Dr. 11.2.06; MRI 2.24.06, 9.5.06; letter 6.26.06; X-ray 2.24.06,

4.4.06; Operative report 4.4.06; notes, 2.27.06, 2.28.06; DWC form 1; ODG guidelines not provided

Requestor records- a total of 33 pages of records received to include but not limited to: Notes, 3.1.06-8.13.07; MRI 2.24.06, 9.5.06; X-ray 2.24.06, 4.4.06; report 5.31.07; X-ray chest 3.8.06

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

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 lumbar strain with radicular symptoms that was treated on xx/xx/xx with a lumbar disc excision. The xx/xx/xx lumbar MRI showed L3-4 to have moderate facet arthrosis; however, the 3.5.07 lumbar myelogram/CT scan did not show significant L3-4 problems but did show the L4-5 and L5-S1 stenosis centrally. There is no reported spine instability. Thus, the necessity to do a multi-level fusion is not validated by the ODG or the literature. Thus, the request for the two-level spine fusion L4 to S1 is not approved as other treatment would appear warranted.

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)