

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 6, 2008

**IRO CASE #:**

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

Medical necessity of proposed bilateral Lumbar laminectomy/ discectomy L4-5 (63030, 63047, 99234)

**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)
- XX 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	63030, 63047, 99234		Prosp	1					Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-14 pages

Respondent records- a total of 19 pages of records received to include but not limited to: PHMO notice of IRO assignment; letters 6.9.08, 7.1.08; Orthopedics Specialists notes 5.29.08-5.30.08; notes 2.20.08-5.22.08; MRI Lumbar Spine 5.13.08

Requestor records- a total of 10 pages of records received to include but not limited to:  
Orthopedics Specialists notes 5.29.08; notes 2.20.08-5.22.08; MRI Lumbar Spine 5.13.08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient had a xx/xx/xx work incident with reported lumbar spine injury when he fell. He had evaluations by Dr. on 4/24/08 and 5/22/08 noting his radicular symptoms to the lower extremities.

On 5/13/08, the patient had a lumbar MRI that showed moderately severe stenosis at L4-5 with a 4 mm disc protrusion/herniation. On 5/29/08, Dr. reassessed him and proposed surgical decompression at L4-5 after noting the weakness of the EHL and positive straight leg raise despite his being over three months post injury. There were two preauthorization denials for the proposed spine surgery.

**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 has moderately severe stenosis with disc protrusion and neuroforamen narrowing that has not resolved over the past several months. Progression of care to include surgical spine decompression at L4-5 is medically reasonable.

*REF: Official Disability Guidelines. TWC Low Back.*

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES