Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 18, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar RFTC with monitored anesthesia care

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 Physical medicine and Rehabilitation, 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
721.3	Lumbar RFTC w/monitored anesthesia		Prosp	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 44 pages of records received to include but not limited to:

letters, 7.15.08, 7.28.08, 7.31.08; provider list; CPR- records 2.25.08-7.2.08; Surgery Center records 4.24.08, 6.17.08; ODG guidelines for Low Back Lumbar-Thoracic

Requestor records- a total of 54 pages of records received to include but not limited to:
CPR- records 2.22.07-7.2.08; Surgery Center records 2.22.07, 6.17.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx. Prior intervention included an IDET to L5/S1 and physical therapy. The carrier claims the patient then received an impairment rating and was returned to work without restrictions. During a routine follow-up, the patient reported a recurrence of lower back pain. The provider performed a diagnostic block, which was successful in reducing pain. The provider then requested pre-auth for the therapeutic RFTC.

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.

Based on the International Spine Society Guidelines, the patient meets the criteria for radiofrequency lesioning. The carrier did accept the Lumbar as part of the injury and approved blocks of injections. Therefore the next step in treatment, the more prominent phase, of RFTC seems reasonable and appropriate care of this individual. ODG guidelines are not in direct conflict with this either, they just indicate that that there is conflict amongst literature, which is true. According to most pain medicine guidelines, this is felt to be an appropriate indication for this procedure.

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

XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (International Spine Society)