

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** DECEMBER 29, 2008

**IRO CASE #:**

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

Medical necessity of proposed bilateral Cervical Medial branch block (64450)

### **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
723.1	64450		Prosp	1					Overturned

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

TDI-HWCN-Request for an IRO-14 pages

Respondent records- a total of 35 pages of records received to include but not limited to:  
letters 12.9.08, 12.3.08, 11.20.08; Request for an IRO forms; report 11.19.08, 12.2.08; for Pain Management note 11.11.08; MRI C-Spine 9.19.08; for Pain Management letter of Medical Necessity

Requestor records- a total of 6 pages of records received to include but not limited to:  
for Pain Management note 11.11.08; MRI C-Spine 9.19.08; for Pain Management letter of  
Medical Necessity

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient has a history of an accident at work on xx/xx/xx a semi truck when another vehicle  
in front of him lost control and he had a collision.

**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.**

RATIONALE: The patient sustained severe injuries to the neck and has had an ongoing  
flexion/extension injury with facet mediated pain syndrome and degenerative disc disease.  
Medial branch blocks of the neck are reasonable and appropriate for managing flexion/extension  
injuries and this patient meets the ODG criteria for medial branch blocks of the cervical spine.

**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