

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** DECEMBER 31, 2008

**IRO CASE #:**

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

Medical necessity of proposed physical therapy (2X week for 5 treatments) and bilateral Lumbar medial branch block (64483)

### **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)
- 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
722.81	64483		Prosp	1					Upheld
722.81	Physical Therapy		Prosp	5					Upheld

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

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 25 pages of records received to include but not limited to:  
Notice of an IRO; TDI Notice of Assignment; letters 11.20.08, 12.11.08; notes, 12.9.08; for Pain Management note 11.14.08; radiology report 8.18.08; radiology report; report, 9.25.08

Requestor records- a total of 25 pages of records received to include but not limited to:  
Notice of an IRO;\_ notes 8.11.08-11.12.08; note 10.16.08; radiology report 8.18.08; MRI C-  
Spine 12.19.02; report 1.10.03; CT Abdomen 6.23.03; x-rays L Spine 8.26.99; x-ray 1.20.00;  
MRI L-spine 8.26.99; radiology report

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This individual has had multiple spinal surgeries with fusions at L3-L4, L4-L5, and L5-S1 with cages and bilateral pedicle screws. She has also had a spinal cord stimulator with revision of that stimulator. The physical examination documented shows general pain and tenderness throughout the lumbosacral spine and the request is a medial branch block with associated therapy.

**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 ODG guidelines, this patient does not have an indication for a medial branch block as documented in the physical examination. Furthermore, the probability that a medial branch block could be performed successfully (given the bilateral pedicle screws and cages) is minimal and this would obscure and minimize the ability to perform a medial branch block. Finally, the probability that the facet joints are causing the pain in this individual with a history of fusions bilaterally and cages is very unlikely and therefore there is no clinical indication for a medial branch block at this particular stage.

CONCLUSION: In my opinion, based on the records reviewed and ODG guidelines, the requested procedures do not meet the criteria for approval.

**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