

# 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:** FEBRUARY 25, 2008

**IRO CASE #:**

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

Medical necessity of proposed inpatient Lumbar decompression and hardware removal

### **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
309.81	Lumbar decompression and hardware removal		Prosp	1					Upheld

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

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 54 pages of records received to include but not limited to:

- letters 1.9.08, 1.24.08, 2.5.08

- ODG referenced in above letters
- Provider list
- DR. 12-20-07 psychological assessment
- Dr. 9-28-07 and 11-9-07 office notes
- Dr. 10-23-07 ESI
- Dr. 10-4-06 Designated Doctor Exam
- Hospital: myelogram/CT scan report 6-7-07 and CT scan 7-20-07 Report
- Imaging & Diagnostic Center 7-7-06 lumbar myelogram/CT scan report

Requestor records- a total of 26 pages of records received to include but not limited to:

- DR. 12-20-07 psychological assessment
- Dr. 9-28-07 and 11-9-07 office notes
- Dr. 10-23-07 ESI
- Dr. 10-4-06 Designated Doctor Exam
- Hospital myelogram/CT scan report 6-7-07 and CT scan 7-20-07 Report
- Imaging & Diagnostic Center 7-7-06 lumbar myelogram/CT scan report

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related on the job injury on xx/xx/xx. She had a prior L3-4 disc excision in 2005 and then a subsequent L3-4 fusion in 2007. She allegedly has had worsening left pain after the L3-4 fusion.

**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.**

On 7-20-07 she had a lumbar CT scan which per Dr. showed some L3-4 foraminal narrowing but also allegedly a left L4-5 foraminal HNP/protrusion. However, on 6-5-07, a lumbar myelogram showed no nerve root truncation and the post-myelogram/CT scan showed L3-4 left neuroforamen stenosis but no L4-5 neuroforamen stenosis. There was no electrodiagnostic study showing further diagnostic assessment.

Given the disparity of the 6-5-07 and 7-20-07 imaging studies, the basis for the current left-sided symptoms is not adequately defined to validate another spine surgery at L3-4, as L4-5 may be a factor as well. Therefore, the procedure could not be approved at this time.

**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