

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 7, 2008

**IRO CASE #:**

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

Medical necessity of proposed discography, CT scan ( 72295,72131) and lumbar facet blocks(64475 X 2)

### **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)
- XX 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
722.83	64475			2					Overturn
722.83	72295, 72131			1					Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related on the job injury.

**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:** This patient had a lumbar fusion completed at L5-S1 which was revised by Dr. in early 2004. Dr. continued to see her essentially every one to two months for either her neck or her low back. She had a MVA in xx/xxxx and underwent a cervical spine disc excision and fusion on 10/16/06.

On 5/21/06, Dr. noted she had increased low back pain after gardening.

On 7/11/07, she had a lumbar MRI which showed post-op L5-S1 fusion with minimal disc bulge at L4-5.

Thus, there is no instability noted at L4-5 or any stenosis. She is not a spine fusion candidate at L4-5. The low back pain experienced could have a facet origin and a trial of facet blocks diagnostically would be reasonable.

**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  
TWC Low Back.