

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JULY 14, 2008

**IRO CASE #:**

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

Medical necessity of proposed laminectomy and discectomy at L5-S1 (63047, 69990, 77002-26)

### **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

(Disagr

ee)

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
724.4	63047, 69990, 77002- 26		Prosp	1					Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related on the job injury on xx/xx/xx. He has had extensive care with symptoms greater than expected with noted multiple positive Waddell signs by Dr. . Dr. reported everything makes his pain worse. She also noted superficial touch was painful over the lumbar paraspinals.

**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.**

The use of artificial disc arthroplasty is still investigational for low back pain treatment.

The EMG/NCV allegedly showed a L5 radiculopathy but the discogram was positive only allegedly at L5-S1.

The clinical exam showed weakness of the EHL and ankle dorsiflexor and a diminished patella reflex per Dr. 5-15-08 office evaluation. These clinical findings do not correlate with a L5-S1 disc disorder nor would they correlate with a discogenic pain syndrome.

Thus, the request is not approved as a medical necessity as the symptoms and findings do not correlate with the diagnostics and the *Official Disability Guidelines* do not validate the use of the artificial disc at this time even if he met all the prerequisites, which he does not.

**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