

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed decompression and fusion of L4-S1 with bone graft
(63047, 63048, 22612, 22614, 20931, 20937, 22842, 95920, 95937)

**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
756.12	63047, 63048, 22612, 22614, 20931, 20937, 22842, 95920, 95937		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-20 pages

Respondent records- a total of 52 pages of records received to include but not limited to:

Letters 4.18.08, 5.16.08, 7.1.08; notes, RN 5.15.08; RN 4.16.07-4.18.08; records, Dr. 2.14.08-5.9.08; DDE 3.20.08; ROM report 2.14.08, 4.10.08; MRI L-spine 9.13.07; report, Pain Care and Rehabilitation 4.28.08

Requestor records- a total of 12 pages of records received to include but not limited to: records, Dr. 2.14.08-5.29.08; ROM report 2.14.08, 4.10.08, 5.29.08; report, Pain Care and Rehabilitation 4.28.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had a low back injury on xx/xx/xx lifting a chair. He had therapy and an ESI which gave short term benefit. On 9/13/07, the lumbar MRI showed minimal bulges at L2-3 and L3-4 with more changes at L4-5 and especially L5-S1 with spondylolysis but no significant spondylolisthesis. Dr. evaluated the patient on 2/14/08 and noted a two pack per day smoking history. There was no neurological deficit. Dr. proposed a possible fusion but emphasized the importance of cessation of smoking.

On 3/20/08, Dr. did a DDE and did not place him at MMI. On 4/10/08, Dr. did flexion/extension radiographs which showed spondylolisthesis at L5-S1 with five mm translation. On 4/18/08 and 5/16/08, preauthorization for the spine surgery were denied. On 4/28/08, he had a psychological assessment and was deemed appropriate for surgery psychologically. On 5/29/08, Dr. wrote a letter supporting his proposed spine surgery.

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.

There is no documentation that the patient has discontinued smoking, which is known to cause significant issues regarding surgery and healing. Upon reviewing literature by Dr., who has authorized much of the current research on the use of discograms; this clinical scenario is one where a discogram at L4-5 and possibly L3-4 would be helpful in determining medical necessity for this procedure. This type of medical information was not provided for review. Therefore, I am compelled to uphold the carrier's denial due to the patient's smoking habit still being a factor and the lack of supporting clinical data.

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
Official Disability Guidelines. TWC Low Back.

XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (DR.
CARAGEE'S LITURATURE REGARDING NECESSITY OF DISCOGRAMS)