

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 19, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed outpatient Lumbar Facet injection (64475, 64476, 77003, Q9950, J1020, J1030)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomat of the American Board of Internal Medicine and Ambulatory Medicine with specialization in Occupational Medicine, General Practice and Medical Management. The reviewer 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
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724.2	64475, 64476, 77003, Q9950, J1020, J1030		Prosp	1					Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured in a work related motor vehicle accident.

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 much discussion of psychological distress. The epidural steroid injection in February of 2008 provided some relief. A sacroiliac joint injection in March of 2008 also provided some relief.

I have reviewed the applicable guidelines concerning the use of the said injections in the treatment of low back pain. These types of injections are not recommended, as they do not appear to be effective for treating lower back problems. Therefore, it is beyond the degree of medical probability that this claimant would derive substantial clinical benefit from the proposed procedure.

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