

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 24, 2008

**IRO CASE #:**

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

Medical necessity of proposed removal of EBI transmitter and EBI electrode units with bilateral exploration of arthrodesis; possible revision of Lumbar spine surgery, bone graft and lateral arthrodesis

### **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
996.49	removal of EBI transmitter and EBI electrode units		Prosp	1					Overturned
996.49	bilateral exploration of arthrodesis; possible revision of Lumbar spine		Prosp	1					Upheld

	surgery, bone graft and lateral arthodesis								

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient sustained a work related on the job injury on xx/xx/xx.

**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 patient had a repeat lumbar spine surgery performed by Dr. on 02/29/2008 which included a revision decompression at L4-L5 and S1 nerve roots by his operative report as well as intraoperative discography at L5-S1 with interbody and posterolateral fusions at L5-S1 with instrumentation placement. He also performed removal of EBI electrodes.

She followed up in the office with reported good recovery but with residual muscle spasms noted in April of 2008. She was to have therapy with Dr. . By 07/01/2008, she was still taking Norco and soma. She had tenderness over the EBI transmitter. However, there was no reported neurological deficit or evidence of hardware or fusion failure. On 08/12/2008 she had complaints of tenderness again over the transmitter. Dr. proposed the removal of the EBI unit electrodes as well as some "exploration as time permits."

There were preauthorization request denials for the interventions as noted in the items in dispute. There is no validation for the proposed additional procedures except for the EBI transmitter and electrode removal. The request for bilateral exploration of arthrodesis; possible revision of Lumbar spine surgery, bone graft and lateral arthodesis is thus not validated by the records or the ODG as medically necessary. Thus, the denial for the removal of the EBI transmitter unit and electrodes is overturned; the denial is upheld for the additional exploration requested.

**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