

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: APRIL 8, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed anterior Cervical discectomy and fusion C5-6 (63081, 22845, 22554, 22851, 20936)

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)
- XX 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
722.4	63081, 22845, 22554, 22851, 20936		Prosp	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 90 pages of records received from unknown to include but not limited to: 2.4.09; Law Firm letter 2.7.08, 2.10.09; progress notes 11.27.04-3.23.09; DWC 69; TDI 1.16.09; DDE 6.6.07, 3.11.08, 5.8.08; MRI C-spine 7.1.05; letter, Dr. 5.29.08; letters 11.15.04, 7.14.05; Chiropractic Clinics notes 4.11.07-6.30.07, case summary; letter Dr 8.29.05

Respondent records- a total of 30 pages of records received from attorney to include but not limited to: letter 3.25.09; TDI letter 11.6.08; Decision and Order, BRC 7.1.08; DWC form 69; RME 2.4.09; Clinic notes 2.27.07-1.27.09; Surgery Center notes 9.7.07-12.21.07; Spine Center 4.18.07

Requestor records- a total of 12 pages of records received from the patient to include but not limited to: DDE report, Dr. 3.14.08; records, Dr. 2.27.07-4.19.07

Treating Doctor records- a total of 32 pages of records received from the patient to include but not limited to: records Dr. 9.22.06-1.27.09

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who has an on-the-job injury on xx/xx/xx. He has a 3 year history of neck pain with radiation to the left arm and shoulder. His symptoms have been recurrent since that date in spite of nonsurgical treatment which has included medication, physical therapy, exercise, and epidural steroid injections.

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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE: This man has MRI evidence of C5-C6 disc herniation with neural compromise at that level. The remainder of his MRI demonstrates only a mild paracentral disc bulge at C6-C7 with no other apparent neural compression. He has had non-surgical treatment with epidural steroid injections and has failed to get relief of neck and arm pain. His neurosurgeon has recommended a discectomy and fusion of the C5-C6 joint. Per the records, this procedure appears to be medically necessary .

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