

# 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 13, 2009

**IRO CASE #:**

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

Medical necessity of proposed Lumbar decompressive laminectomy, L3-4 and transverse posterior Lumbar interbody fusion L4-5 (20936, RC120, 22630, 22840, 20931, 63047, 63048, 22612)

### **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
724.02	20936, RC120, 22630, 22840		Prosp	1					Overturn
738.4	20931, 63047, 63048, 22612		Prosp	1					Overturn

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 31 pages of records received to include but not limited to: PHMO notice of IRO; TDI notice of IRO; letters 1.20.09, 2.9.09; Records from Orthopedic, 3.23.1992-1.27.09; MRI L-spine 12.22.08

Requestor records- a total of 15 pages of records received to include but not limited to: Records from Orthopedic, 3.23.1992-1.8.09; MRI L-spine 12.22.08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a male who had lumbar disc excision with nerve root decompression in xxxx for back and left leg pain. He did well for many years but developed progressively more severe lower back pain with MRI evidence of instability and a retrolisthesis at L4-L5 where the laminectomy had been performed. He also had MRI evidence of disc degeneration at the L3-L4 level above the old laminectomy. He has symptoms of L3 radiculopathy. He has an absent left knee reflex and he has numbness in his left thigh extending down to his knee with progressively more weakness in the left leg.

**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.**

RATIONALE: This man's MRI demonstrates retrolisthesis at the L4-L5 level which is evidence of instability at the site of previous lumbar disc removal and nerve root decompression. He also demonstrates evidence of L3-L4 lumbar disc degeneration and he has clinical evidence of L3 radiculopathy. He has an absent left knee reflex, progressive left leg weakness, and numbness in the left thigh extending down to his knee. The L3-L4 and L4-L5 decompression and fusion is approved.

**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