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: DECEMBER 14, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar ESI L4-5

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:

XX 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
724.4, 847.2	62311		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 81 pages of records received to include but not limited to: DWC 73 6.2.09-11.2.09; Health 6.2.09-10.6.09; Physical Therapy superbill 7.7.09-7.20.09; Dr. notes 8.3.09-11.5.09; MRI L-Spine 8.17.09; records 9.24.09; DDE 11.2.09

URA records- a total of 33 pages of records received to include but not limited to:
TDI letter 11.24.09; letter 11.19.09, 10.28.09; MRI Lumbar 8.17.09; Dr. notes 8.3.09-10.19.09; Dr. report 6.11.09

Requestor records- a total of 16 pages of records received to include but not limited to:
Letter 11.12.09; Dr. notes 8.3.09-10.19.09; MRI Lumbar 8.17.09

PATIENT CLINICAL HISTORY [SUMMARY]:

Clinical History: The medical records presented for review begin with a Designated Doctor report dated November 2, 2009 from Dr. Dr. noted that the mechanism of injury was a lifting event. MRI identified multiple level facet degenerative osteoarthritis L3 – S1. Electrodiagnostic testing was requested. Physical examination noted neither specific objective findings nor any competent, objective and independently confirmable medical evidence of a verifiable radiculopathy. Maximum medical improvement was reported and a DRE I level impairment rating of 0% was assigned.

Just prior to this evaluation, there was a request for an epidural steroid injections and the reviewing provider noted that the electrodiagnostic testing was negative for a radiculopathy. The request was non-certified.

Dr. filed an appeal. Dr. noted that there was a disc bulge and an annular tear and this annular tear could explain the reported radiculopathy. The assertion was that there was a possibility of a chemical neurotransmitter irritation of the nerve root causing the radiculopathy. The reviewer on appeal did not support this assertion and also non-certified the requested 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/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:
As noted in the Division mandated Official Disability Guidelines epidural steroid injections are indicated for short-term treatment of radicular pain. This lady has no objectification of any pathology that would be considered radiculopathy, radiculitis or would be amenable to epidural steroid injections. The issue is the long-term ordinary disease of life degenerative osteoarthritis and that required more than short term interventions. Also addressing the osteoarthritis is not addressing the sequale of the compensable injury alone. Prior reviewers have submitted the narrative from the ODG and I have reviewed the same data. Simply put, the 11 criteria needed to support epidural steroid injections are not presented by the requesting provider and cannot be support based on the clinical data presented.

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