

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: MARCH 3, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed MRI Lumbar Spine w/o contrast

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 Physical medicine and Rehabilitation, 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)
- 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
723.4	72148		Prop	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 27 pages of records received to include but not limited to: letter 12.9.08, 1.9.09, 2.11.09; Technologies 12.4.08; Consultants 11.20.08, 9.30.08

Respondent records- a total of 46 pages of records received to include but not limited to: Consultants notes, 9.30.08-11.20.08; Doctor, L.L.P, operative notes 11.27.01-10.10.08; Orthopedic Hospital notes 6.10.1998-9.1.1999; MRI Lumbar Spine 6.30.04, 3.29.00

Requestor records- a total of 73 pages of records received to include but not limited to:
Consultants 1.29.08-12.10.08; L.L.P, operative notes 10.10.08; MRI Thoracic 12.14.05, 1.30.08;
MRI Rt shoulder 1.30.08; CT of Cervical Spine 12.9.02, 5.7.07; MRI L-Spine 6.30.04

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.

This gentleman has a work injury dating back to 1992. He has had recent facet injections and has had no changes in his neurologic status, particularly no increasing weakness, numbness, etc. The patient himself is concerned about the status of what may have occurred since his last injury and has requested additional workup. Based on ODG Guidelines and upon review of the medical records provided by M.D., there is no indication of acute clinical change in status of the lumbar spine. There is no evidence of any acute neurological changes. Therefore, there is no evidence to indicate a repeat lumbar MRI.

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