

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JANUARY 26, 2009

**IRO CASE #:** 17738

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

Medical necessity of proposed anterior Lumbar fusion L4-5; redo Lumbar laminectomy with posterior lateral fusion with hardware L3-4, L4-5 (22808) with LOS 2 days

### **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)
- 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
756.12	22808		Prosp	1					Upheld

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

TDI-HWCN-Request for an IRO-21 pages

Respondent records- a total of 385 pages of records received to include but not limited to:  
Letter , 1.9.09; letters 1.15.1999-11.12.08; 1<sup>st</sup> Report of Injury 1.4.1995; records, Dr. 2.18.05-11.19.08; letters, 10.18.06-9.10.07; records, 6.9.03-3.23.06; records, Dr. 4.21.03-8.7.1998; . script 1.31.06; MRI 11.23.05; records 8.28.97-9.25.98; records 12.14.00-3.27.02; records, Dr. 11.5.1997-10.5.01; records, Dr. 4.18.95-6.4.96; report 4.22.96, 3.13.96; report, Dr 3.14.97-

11.9.99; report 6.4.02; notes, Dr. 1.3.95-3.27.95; report 11.10.95-7.31.02; records 2.9.95-1.12.96; records 3.2.96-3.13.96; Dr. notes 8.28.98-3.17.99; notes 9.10.98-12.17.98; letter 2.31.0-8.30.01; report 8.3.01; Corvel letters 3.27.01; Dr. report 1.19.01; various forms; No ODG guidelines submitted

Respondent records- a total of 40 pages of records received from the URA to include but not limited to: request for an IRO forms; records, Dr. 12.21.04-8.15.08; records, Dr. 4.1.08-6.17.08; 1.17.02; 5.9.08; MRI L Spine 2.26.08; EMG/NCV study 1.3.08; letters 11.12.08-11.21.08

Requestor records- a total of 118 pages of records received from Dr. to include but not limited to: request for an IRO forms; records, Dr. 2.18.05-11.19.08; EMG/NCV study 6.3.05, 1.3.08; records 3.10.05-12.17.08; MRI T spine 12.10.08

Requestor records- a total of 54 pages of records received from Dr. to include but not limited to: records, Dr. 9.29.03-8.11.08; records, 5.22.03-12.21.04; records 1.7.02-4.21.03; MRI L Spine 7.18.05

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient had a work injury in xxxx and had a L5-S1 fusion spine surgery by Dr. in January 2002. On 1/21/04, she had spine hardware removal by Dr. with microlaminotomies at L3-4 and L4-5 as well as fusion exploration at L5-S1.

### **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 has been followed by Dr. who has performed several injections and has had multiple radiographs completed. She is known to have a grade two spondylolisthesis at L4-5 as well as a disc protrusion at L3-4 as noted on her 5/9/08 post myelogram CT scan.

The patient was assessed by Dr. on 8/11/08 and reported her to smoke a pack per day. He reviewed her myelogram CT scan and noted canal stenosis at L4-5, with severe degenerative changes and a disc protrusion at L3-4 with a solid fusion at L5-S1.

On 11/19/08, Dr. reported her to smoke ¾ pack per day.

Given the patient's age and medical illnesses, Ms. has a definite increased risk profile with any spine surgery. The smoking causes increased risk of pseudoarthrosis of any attempted spine fusion. Thus, the request is not approved as medical appropriate even though there is noted L4-5 spondylolisthesis.

### **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