

# Parker Healthcare Management Organization, Inc.

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

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JANUARY 28, 2009

**IRO CASE #:**

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

Medical necessity of proposed medial branch blocks L5-S1 bilaterally (64450)

### **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)
- 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
722.10	64450		Prosp	1					Overtured
722.10	64450		Prosp	1					Overtured

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

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 38 pages of records received to include but not limited to:  
Request for an IRO forms; letters 12.1.08, 12.30.08, 1.7.09; Dr. records 4.9.08-10.7.08; Anterior Lumbar Fusion report 9.6.07

Requestor records- a total of 25 pages of records received to include but not limited to:  
Request for an IRO forms; letters 12.1.08, 12.30.08;\_Dr. records 4.9.08-10.7.08; Anterior  
Lumbar Fusion report 9.6.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a patient with an injured back in xxxx and fusion surgery in 2007 with ongoing postoperative pain ad MRI evidence of significant facet hypertrophy at the L5-S1 level with mechanical back pain.

**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 proposed test is a diagnostic test. While there are some parts of the ODG that indicate it should not be performed on the proposed levels, this is inconsistent with other guidelines such as International Spine Injection Society. These guidelines consider this an appropriate treatment in determining if there is a cause of pain that can be successfully managed in an inexpensive way with rhizolysis and ablation. Therefore, using the International Spine Injection Society guidelines in this particular instance, I feel that it is medically necessary to perform a diagnostic block to see if any significant pain control can be achieved, and if so, if further treatment can be determined appropriately.

As you know, guidelines are based on averages of more patients than not, that benefit from following the guidelines, which means there are always patients that fall on either side of the bell curve and outside of the guidelines. This is one of those instances. Furthermore, there are other guidelines such as International Spine Injection Society that would consider this an appropriate treatment.

**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
- XX INTERNATIONAL SPINE INJECTION SOCIETY