

# 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:** JUNE 2, 2009

**IRO CASE #:**

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

Medical necessity of proposed Lumbar arthroplasty (22857)

### **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
722.10	22857		Prosp	1					Upheld

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

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 33 pages of records received to include but not limited to: letters 3.24.09, 5.6.09, 5.14.09; provider list; records, Dr. 6.22.06-4.14.09; report 9.4.08; report 12.29.08; ODG guidelines Thoracic and Lumbar Spine

Requestor records- a total of 17 pages of records received to include but not limited to:  
TDI Notice of IRO 5.13.09; records, Dr. 1.22.08-4.14.09; report 9.4.08; report 12.29.08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured when he was involved in a work incident lifting furniture on xx/xx/xx. On 06/22/06 he had an IDET procedure performed at L4-L5 and L5-S1 by Dr. after a prior discogram was reported to be positive at these two levels. On 07/29/08 Dr. proposed a repeat MRI. On 09/04/08 a repeat lumbar MRI showed L4-L5 facet hypertrophy and disc desiccation. The prior L4-L5 high intensity zone was not seen. The L5-S1 level showed facet hypertrophy and disc bulge with abutment to the left L5 nerve root. He had an antalgic gait, used a cane, and had decreased lumbar range of motion reported in subsequent office visits. He followed up with Dr. and Dr. with noted intermittent flare-ups of his back pain in spite of his IDET procedure. He was treated with medications and occasional steroid injections.

On 12/04/08 Dr. ordered Oxycodone for his back pain. The straight leg raise was reported negative. On 12/09/08 Dr. proposed discography from L3-L4 through L5-S1. On 12/29/08 Dr. noted the patient to be psychologically adequate for discography/surgery. On 02/24/2009 Dr. noted that the request for discography was denied the proposed two-level disc replacement. On 04/14/09 Dr. reiterated his proposal for the two-level disc replacement. The patient's subjective pain is greater than expected.

**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 request is for a two-level disc replacement which exceeds the ODG protocol even if one were to accept the presence of discogenic pain as the basis for the patient's low back pain. An 09/04/08 MRI showed facet hypertrophy at L4-L5 and L5-S1. The basis for the patient's pain is presumed. The evidence-based literature does not validate this two-level disc replacement as medically necessary, therefore I uphold the denial.

**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