

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: JUNE 15, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed removal of Lumbar hardware, exploration of fusion L4-S1, 2 day LOS (20680, 22830, 99231)

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
Unk			Prosp	1			xx-xx-xx		Uphold
Unk			Prosp	2			xx-xx-xx		Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 836 pages of records received to include but not limited to: letter 6.1.09 letters 7.31.07-5.19.09; claim medical log 8.9.01-5.21.09; email notification from 4.27.09-5.21.09; email notifications from 5.8.09-5.21.09 Request for an IRO forms; HCFA DOS 12.4.08-4.3.09 for Dr. records Dr. 3.20.07-4.3.09; Case summary reports 11.22.06-4.24.09; Special Surgery reports 6.17.08-3.17.09; Anesthesia record 3.17.09; Orthopaedic Associates records 10.14.08-3.24.09; Inc report 2.17.09; patient letter 1.23.09; MRI Lumbar myelogram w/post CT 12.4.08; MRI L-Spine 11.2.07; Pain Institute records 2.17.04-2.21.07; HCFAs for DOS

11.30.06-2.21.07; MCV/EMG report and HCFA 10.4.06; Medical Center records 7.18.06; Surgical Center note 11.3.06; various DWC 73 forms; Chiropractic and Medical records and HCFAs 5.28.03-5.3.04; x-rays L-spine 1.21.03-4.28.04; NSO report 12.18.03

Requestor records- a total of 11 pages of records received to include but not limited to: PHMO notice of IRO; patient profile; Orthopaedic Associates records 12.9.08-3.24.09; DWC 73 forms

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient has had multiple lumbar procedures including instrument infusion and subsequent hardware removal by Dr.. She then had 2 spine fusion surgeries by Dr., which apparently did not provide adequate relief. Dr. has provided her medications and performed a bupivacaine local anesthetic hardware injection from L4 to S1 on 03/17/2009 which, per his report, took her pain from basically a 9 to a 0 for two days, despite the anesthetic effect only lasting 12 hours.

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 plan of care included a fusion exploration. The fusion is noted to be healed per the CT scan. The hospital stay was to be 2 days, although the length of stay would typically be 1 day for this type of procedure. The inconsistencies and the response to various interventions including the initial hardware removal and the unusual benefit from the bupivacaine injections do not support this additional intervention to be a medical necessity. Thus, per the records and the ODG criteria, the decision of this reviewer is to deny this request and thus 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