

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: JUNE 30, 2009 AMENDED: JULY 2, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Cervical discectomy, anterior with decompression of spinal cord and/or nerve roots, including osteophlectomy (95920, 20931, 22845, 22585, 22554, 63076, 63075)

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
722.0	LOS		Prosp	3			xx-xx-xx		Upheld
722.0	95920, 20931, 22845, 22585, 22554, 63076, 63075		Prosp	1			xx-xx-xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 34 pages of records received to include but not limited to: Utilization letter 6.10.09; request for an IRO forms; Group letters 5.15.09, 6.5.09; Solutions 5.13.09, 6.3.09; Neurosurgical note 5.7.09; MRI C-Spine 3.18.09; note, Dr. 4.8.08; form 69; Evaluation report 3.25.09; Review of Medical history and Physical exam 3.25.09

Requestor records- a total of 34 pages of records received to include but not limited to: Neurosurgical note 7.9.08-5.7.09; MRI C-Spine 3.18.09, 3.14.08; x-rays C-spine 8.29.08; MRI Brain 3.14.08; note, Dr. 3.11.08-4.8.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had a work related on the job MVA 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.

She has had two cervical spine MRIs. The 3-18-09 MRI report does not show any cord or nerve root entrapment. The Designated Doctor Examination by Dr. on 3-25-09 did not show any neurological deficits in the upper extremities to correlate with the MRI. The electrodiagnostic study results do not appear to correlate with the MRI given the lack of MRI nerve or cord entrapment.

The MRI allegedly also showed only slightly less annular bulging of the C4-5 and C3-4 disc levels. Thus, any fusion of C5-6 and C6-7 will transfer stresses to C4-5 and C3-4 which are abnormal already. Therefore, the requested procedure was not deemed medically necessary.

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