

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 9, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed outpatient Lumbar surgery-examination under anesthesia, exploration of spinal fusion and repair as indicated

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
996.49	22612, 20938, 63042, 22830		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO- 17 pages

Respondent records- a total of 64 pages of records received to include but not limited to:

letters 2.17.09, 1.22.09, 2.6.09, 2.11.09; Request for an IRO forms; reports, 1.21.09, 2.6.09, 2.11.09; preauthorization request; records, Dr. 9.16.08-1.13.09; Hospital report xx/xx/xx; DWC forms 69, 73; Evaluation report , RME 1.16.09; medical history and physical exam 1.16.09

Requestor records- a total of 15 pages of records received to include but not limited to:
Dr. 2.26.08-1.13.09; Hospital report xx/xx/xx

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient who had a xx/xx/xx fusion surgery at L4-5 with interbody cages at L4-5 and pedicle fixation at L4-5 with decompression at L3-4 and L5-S1 as well. A bone growth stimulator was placed at L4-5. The patient was followed postoperatively and was noted on the 1/13/09 office visit to have pain about the EBI transmitter unit per Dr. The 1/13/09 plain radiographs showed intact hardware without motion on flexion-extension views.

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.

This patient's fusion operation was only xx/ ago. There is no indication on the radiographs or clinically that there is a pseudoarthrosis. Moreover, further fusion maturation can still occur. Thus the requested procedure is not approved as a medical necessity.

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