

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** MAY 11, 2009

**IRO CASE #:**

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

Medical necessity of proposed Lumbar ESI (62311)

## **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)
- 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
724.4	62311		Prop	1			xx-xx-xx		Overturn

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

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 31 pages of records received to include but not limited to: Provider list; letter 1.30.09, 3.4.09; Hospital report 1.14.09; Dr. notes 1.21.09-3.18.09; notes 2.5.09-4.14.09; ODG Low Back-Lumbar and Thoracic

Requestor records- a total of 29 pages of records received to include but not limited to: Dr. notes 12.3.08-3.18.09; report 1.14.09; notes 11.14.08; MRI Lumbar 6.29.05, 9.9.03; RMA report 1.24.05; report 3.5.04; Imaging and Interventional specialists report 12.1.04

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related on the job injury on xx-xx-xx. He has had 3 lumbar surgeries and an ESI in Dec 07 with 6 months painfree interval.

**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 patient had an ESI 1-19-2009 with 7-8 weeks of 50% or greater pain reduction. The ODG does not prohibit repeat or second ESI, it does point out limited percentage of success. In this individual with the surgical history and prior outcome it is reasonable to repeat lumbar ESI x 1.

**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