

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 5, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed bilateral L4-5, L5-S1 medial branch block (64476, 64475)

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
722.10	64475, 64476		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 70 pages of records received to include but not limited to: letters 8.31.09, 9.11.09, 9.16.09; request for an IRO forms; report 11.3.03; records, Dr. 12.3.08-9.2.09; medication history report; ODG-TWC guidelines Low Back, Lumbar and Thoracic

Requestor records- a total of 13 pages of records received to include but not limited to: Records, Dr. 1.14.09-9.2.09

PATIENT CLINICAL HISTORY [SUMMARY]:

This gentleman was initially injured in xxxx and had a posterior lumbar fusion from L3 to S1 with pedicle screws placed bilaterally at those levels for a total of 8 pedicle screws.

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.

Medial branch blocks had already been performed on this individual on 1 prior occasion and reportedly gave 90% relief. Since medial branch blocks are only to be used as diagnostic and not therapeutic means, repeat medial branch blocks would not be an appropriate next step in treatment.

Based on ODG guidelines, the current requests do not meet criteria for approval, on a level where a previous fusion surgery occurred. This is a diagnostic tool that has already been performed with success.

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