

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 23, 2010

**IRO CASE #:**

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

Medical necessity of proposed right Lumbar ESI @ L2-4 with MAC anesthesia (62311, 64483, 64484 X2, 77003-26 X 2)

### **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		Prosp	1					Overturned
724.4	64483		Prosp	1					Overturned
724.4	64484		Prosp	2					Overturned
724.4	77003	26	Prosp	2					Overturned

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

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 55 pages of records received to include but not limited to: letters 7.21.10, 6.29.10, 8.3.010; request for an IRO forms; Dr. records 6.9.10, 7.27.10; Laboratory report 6.9.10-7.27.10; Dr. records 5.22.09-6.14.10; Dr. report 5.19.10; Dr. report 4.20.10; Dr. report 3.23.10; MRI Lumbar Spine 5.22.09; ODG guidelines Lumbar and Thoracic

Requestor records- a total of 30 pages of records received to include but not limited to: Dr. records 6.9.10, 8.12.10; Laboratory report 6.9.10-6.24.10

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The physical examinations provided by the orthopedic surgeon, Dr., and the treating pain doctor both conclude that there is both weakness and radicular pain in the leg along with reflex changes. There is also MRI evidence of disc abnormality above the previously fused level, which is stated by the previous IRO reviewer as a "common disease process of adjacent disc disease."

**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.**

I have reviewed medical records of Dr., who performed a review as a paid physician for the insurance carrier and his physical examination findings were significantly different than those advocating for the patient. In this particular scenario, I will go with the findings that are provided by both the orthopedic surgeon and the pain physician treating the patient. In particular because this patient has had previous spinal surgery, it does not seem to make sense that Dr. findings of "no weakness in the leg" are present, given the fact that the patient had a significant prior radiculopathy infusion.

I have also reviewed the treatment records of Dr. and the treatment records of Dr. and who are the pain management physicians in this case. The initial denial by the IRO reviewer stated that the patient had not had sufficient physical therapy. It was clearly documented in subsequent records that the patient failed a conservative trial of physical therapy. So, both the reasons for denial of ESI previously have been overcome -- first, that physical therapy had been tried and failed and second, that this patient does have radicular findings. This is consistent with the URA reviewer's own statement that the findings of adjacent disc disease would be fairly typical and expected in a previously fused patient. Therefore, the findings are all consistent with the treatment of the injury and the subsequent further injury.

Using the diagnostic (not the therapeutic) criteria for epidural steroid injection, this individual meets the criteria for a single epidural steroid injection at 2 levels to determine that this can reduce and/or eliminate the pain source and help identify this as the pain generator for the current complaints.

**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