

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 6, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar laminotomy & discectomy left L4 with one day LOS

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
722.10	Lumbar laminotomy&discectomy		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 178 pages of records received from FOL to include but not limited to: FOL letter 12.21.09; ODG Low Back Lumbar and Thoracic (acute and chronic); Surgery

Center note 12.18.08, 9.15.09; letter 11.24.08-2.2.09; MRI L spine with and without contrast 11.25.08; xxxxx records 12.2.08-7.16.09; FCE 7.8.09; Orthopedic records 8.10.09-10.18.09; Diskography and CT Lumbar 6.5.09; CT Lumbar spine with contrast 6.5.09; Mylogram and CT Lumbar 1.22.09, 1.27.09; HDI letter 9.11.09; report, Dr. 4.2.09, 9.9.09; various DWC forms 73; C-IRO Inc report 10.20.09

Respondent records- a total of 35 pages of records received from URA to include but not limited to: TDI letter 12.17.09; Orthopedic records 8.10.09-11.19.09; Diskography and CT Lumbar 6.5.09; CT Lumbar spine with contrast 6.5.09; Mylogram and CT Lumbar 1.27.09; Surgery Center note 12.18.08, 9.15.09

Requestor records- a total of 16 pages of records received to include but not limited to: Letter 11.19.09, 12.28.09; Orthopedic records 8.10.09-10.8.09;

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a November 19, 2009 letter from the requesting provider seeking approval for a lumbar surgery. Dr. took exception to the determination of non-certification.

Prior to this letter there is a progress note dated October 8, 2009. Identifying that there was 30 minutes of excellent release from the isolated nerve block. When this block "wore off" the pain returned. Dr. felt a lumbar laminotomy and discectomy was indicated.

Lumbar MRI, dated November 25, 2008 indicated an anterior/posterior fusion at the L5/S1 inner space. Multiple level annular bulging is noted and a mild canal stenosis at the proximal levels was also identified as well as a lumbar facet arthropathy.

Previous progress notes and procedure notes were also reviewed.

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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As noted in the Division mandated Official Disability Guidelines the standards for a lumbar laminotomy and discectomy are not met. While not taking into consideration the fact that these are ordinary disease of life changes unrelated to the compensable event, as outlined in the ODG. There is insufficient clinical evidence for such a surgery. The MRI notes that there is no compromise or nerve root impingement and no other evidence of foraminal stenosis. While the ODG does "recommended for lumbar spinal stenosis" that situation is not supported by the findings noted on MRI.

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