

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 4, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Thoracic spine CT

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
unk	CT Thoracic spine		Prosp	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO- 16 pages

Respondent records- a total of 21 pages of records received to include but not limited to: TDI letter 10.15.10; records 9.15.10-10.4.10; Medical authorization request 6.1.10, Medical agreement; patient information sheet; note, Dr. 5.24.10; Surgicare at report 7.15.08

Requestor records- a total of 0 pages of records received to include but not limited to: 10.15.10-faxed records request to Dr. Attn;; 10.27.10-called and left message for. regarding receiving one page fax, told to resend; 11.1.10- called and left 2nd message for., no response

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an on the job work related injury on xx/xx/xx. The patient underwent a T10-L3 posterior fusion and T12-L2 reconstruction on 3.23.2007.

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 studied the medical records provided by the reviewer. The initial review was denied for incomplete justification with failure of the physician to respond in a timely manner. The second reviewer on re-request overturned it for what he stated was "lack of clinical indications documenting change." In reading the records from Dr. office on 09/15/2010, he clearly stated the patient is having sensory changes, episthesias, antalgic gait, and a feeling like something is loose in her back. As a surgeon who was taking over the case did not previously perform the procedure, it would be reasonable, prudent, and consistent with ODG guidelines to monitor the status of cage placement with CT scan.

The denying reviewer felt the way the request was stated on the reconsideration letter was because the patient felt like something had moved, but that didn't document the necessity and that there was not evidence of clinical change. The records clearly reflect that concerns of clinical change in the patient's status and I disagree with the previous reviewer. For that reason, I have overturned the denial of this study and I do believe that it is consistent with ODG guidelines.

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