

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: APRIL 4, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed outpatient surgery for Osteoplasty T11 (72291, 22521)

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
733.13	72291		Prosp	1					Upheld
733.13	22521		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-13 Pages

Respondent records- a total of 68 pages of records received from to include but not limited to: Resources letter 10.1.10; Methodist record 10.1.10; DWC 73forms 10.13.10-3.14.11; Family Medicine records 10.13.10-2.24.11; SOAP notes 10.27.10-11.15.10; MRI Thoracic Spine 11.18.10; Institute records 12.21.10-1.18.11

Respondent records- a total of 83 pages of records received from the URA include but not limited to : fax confirmation sheet; case list; Review Med letters 2.3.11, 3.4.11, 3.15.11; email to 2.7.11; Surgery Scheduling slip 1.18.11; Institute records 12.20.10-3.1.11; Radiology Associates report , NM Lumbar Spine 1.12.11; Radiology Associates Bone Mineral Densitometry report 1.12.11; Diagnostics report 12.29.10; MRI Thoracic Spine 11.18.10; report from Dr. 11.30.10; DWC 73 form 12.14.10; Family Medicine Associates, PA records 11.9.10-12.28.10; SOAP notes 11.5.10-11.15.10

Requestor records- a total of 43 pages of records received to include but not limited to: TDI letter 3.15.11; request for an IRO forms; Surgery Scheduling slip 1.18.11; Review Med letters 2.8.11, 3.9.11; Institute records 12.20.10-3.1.11; Radiology Associates report , NM Lumbar Spine 1.12.11; Radiology Associates Bone Mineral Densitometry report 1.12.11; Diagnostics report 12.29.10; MRI Thoracic Spine 11.18.10; report from Dr. 11.30.10; DWC 73 form 12.14.10; Family Medicine Associates, PA records 11.9.10-12.28.10; SOAP notes 11.5.10-11.15.10

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is xx years old. On xx/xx/xx she was doing her bending, twisting, and lifting by report. She developed increased low back pain and was seen at Medicine Associates on several occasions by and apparently under the supervision of Dr.. The patient subsequently had an MRI of the lumbar spine performed on 11/18/2010 showing a compression fracture with approximately 50-60% remaining height at T-11. There was also involvement of T-6 and T-9 which are older injuries. She also underwent laboratory evaluation with Diagnostics. The patient also had a bone density study showing -3.1 score on 01/12/2011 for the spine which is osteoporotic. She had a -1.9 score in the hip which is consistent with osteopenia. On 01/12/2011 she also had a bone scan showing increased uptake at T-11.

Previous x-rays of 12/21/2010, when she was evaluated by Dr. showed 30% compression of T-11. She did not have any specific neurological deficit. There were 2 utilization review reports available; one from Dr. which provided the denial based on the aspect that kyphoplasty was accepted, but not osteoplasty/vertebroplasty. Another utilization review by Dr. indicated that there was not adequate treatment with lesser levels of care.

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 request as submitted is not approved. The denial is upheld as the procedure requested is not consistent with the Official Disability Guidelines and the latest evidence based literature. Medical necessity for the requested procedure was not established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES