

# Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX  
75038  
972.906.0603 972.255.9712  
(fax)

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** JANUARY 3, 2011

**IRO CASE #:**

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

Medical necessity of proposed Lumbar Myelogram with CT scan (72132, 62284)

### **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)  
(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	72132			1					Overturn
722.10	62284			1					Overturn

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

RATIONALE: The patient had a prior lumbar spine fusion in 2003 with Dr.. This included the L4-L5 and L5-S1 levels. On 08/09/2004 the hardware was removed. The patient had subsequent treatments for residual symptoms but has had progression of symptoms in 2010 and was referred to Dr. a neurosurgeon. On 08/16//2010 Dr. noted the patient's history as well as progression of symptoms. There had been an MRI completed on 08/07/2010 at Hospital. This showed what appeared to be changes to the right L5-S1 neuroforamen. There were also postoperative changes at L4-L5 and L5-S1 and there was significant narrowing into the L3-L4 disc space level, the lesser at L2-L3.

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

The patient is having progressive symptoms with apparent neurogenic claudication. The evaluation of the bone fragment that is at the L5-S1 level is also needed. There were 2 denials of the monogram CT scan. However, the reviewers did not mention the aspect that the patient is likely a surgical candidate and for the definition of the spinal canal anatomy, particularly the bony abnormalities would be important in trying to make a determination as to what would need to be decompressed at the time of surgery. Given the patient has a post fusion syndrome, post laminectomy syndrome with apparent transition level at L3-L4, the patient is likely to need surgical intervention. This would be primarily L3-L4. However further canal analysis would appear appropriate utilizing a monogram CT scan which is consistent with ODG criteria. Thus, the denial is overturned.

REFERENCE: ODG TWC Low Back as well as clinical experience consistent with the above analysis based on training and fellowship in spine surgery.

**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