

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 8, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed OP 23 hour Obs Lumbar Laminectomy/Foraminotomy L3-S1 (63047, 63048 X 3, 69990)

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	63047		Prosp	1					Overturned
722.10	63048		Prosp	3					Overturned
722.10	69990		Prosp	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 63 pages of records received to include but not limited to: letter 12.22.11-1.23.12; provider list; RME report 10.19.10; MRI Lumbar Spine 5.25.10; The Spine and Rehabilitation Center 5.13.10-2.24.11; Surgery Center 7.15.10; EMG/NCV report 9.13.10; Decision and Order for BRC 1.24.11; Orthopedics record 12.5.11; Orthopedic Associates note 12.8.10; ; Physical therapy re-evaluation 6.22.10; ODG Low Back Lumbar and Thoracic

Requestor records- a total of 99 pages of records received to include but not limited to: TDI 1.19.12;_The Spine and Rehabilitation Center 5.13.10-2.24.11; Orthopedics record 12.5.11-12.19.11; Orthopedic Associates notes 8.19.10-3.31.11; RME report 10.19.10; Anesthetics Services evaluation 6.22.10; MD records 6.16.10; x-ray reports; Integrative Health and Medical report 9.13.10, ; EEG report 7.29.10; MRI Brain 7.23.10; MRI L-Spine 5.25.10; Medical Center labs 4.15.10; CT Chest w/contrast 4.15.10; x-ray chest and spine; request for an IRO forms; letters 1.11.12, 12.22.11; ; Chapter 11 Microsurgical Anular Reconstruction (Anuloplasty) following Lumbar Microdiscectomy report; Surgery Center report 7.15.10;

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury to his Cervical and Lumbar spine on xx/xx/xx.

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 denial is overturned. By review of the records, the patient had a motor vehicle accident. His symptoms include back pain and radicular symptoms. His physical findings include a positive straight leg raise with low back pain and paresthesias bilaterally into the lower extremities, weak asymmetric left patellar reflex, decreased right achilles reflex. The MRI, by report, is consistent with disc herniations at L3-4. L4-5. L5-S1 and central canal stenosis at the same levels. He has failed physical therapy, an epidural steroid injection. The physical complaints, physical findings and MRI are consistent. The ODG criteria for surgical intervention has been met.

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