

# Parker Healthcare Management Organization, Inc.

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

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## Notice of Independent Review Decision

**DATE OF REVIEW:** JUNE 18, 2012

**IRO CASE #:**

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

Medical necessity of proposed outpatient right transforaminal epidural steroid injection L5-S1 (64483, 64484, 77003)

### **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
724.4	64483		Prosp	1					Upheld
724.4	64484		Prosp	1					Upheld
724.4	77003		Prosp	1					Upheld

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

On xxxxx, the patient reported she had a work injury to her low back and forearms when she restrained a student who was attempting to leave. She had 19 sessions of formal therapy. There was a xxxxx lumbar MRI which showed a L5-S1 left disc protrusion, but no nerve root entrapment.

There was a peer review on 02-28-12 by Dr. who opined that her back disorder was degenerative.

On 03-20-12, the patient was evaluated at xxxxx and noted to have low back to right leg pain. An EMG was ordered.

On 03-30-12, there was an EMG/NCV done which was interpreted by Dr. to show bilateral L5 radiculopathy based on the paraspinals increased insertional activity but there were no extremity muscle abnormalities.

On 04-09-12, Dr. reassessed her and proposed the diagnosis of lumbar strain.

On 04-10-12, Dr. did an evaluation and reported of a positive straight leg raise. Dr. ordered a LSO and an injection at L5-S1 on the right.

On 05-01-12, the right transforaminal L5-S1 ESI was denied.

### **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.**

**RECOMMEND:** Uphold the denial

**RATIONALE:** The MRI showed a right L5-S1 disc protrusion without nerve root entrapment and the clinical symptoms and findings were to the opposite extremity on the left. The medical records do not support the requested procedure.

### **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