

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 28, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 3 day IP (RC111) stay for posterior Lumbar fusion (22612), application of prosthetic device (22851), Lumbar Laminectomy (63047), Lat Lumbar spine fusion (22533)

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
724.2, 729.2, 724.4, 756.12	22612		Prosp	1					Overturned
724.2, 729.2, 724.4, 756.12	22851		Prosp	1					Overturned
724.2, 729.2, 724.4,	63047		Prosp	1					Overturned

756.12									
724.2, 729.2, 724.4, 756.12	RC111		Prosp	1					Overtured
724.2, 729.2, 724.4, 756.12	22533		Prosp	1					Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-14 pages

Respondent records- a total of 58 pages of records received to include but not limited to: TDI letter 2.8.12; IMO letters 11.29.11, 12.30.11; The Back and Neck Institute records 10.22.07-12.20.11; Imaging 10.28.11; Imaging Center MRI Lumbar with and without contrast 4.12.11, 11.10.08; Psychological evaluation by Dr. 8.10.10; Medwork Independent Review report 8.30.11; Hosp report 5.27.11; Open MRI of Lumbar Spine MRI 5.10.07; Imaging Cervical Spine MRI 9.29.2008; MRI Brain 9.29.08; Lumbar spine x-rays 12.17.07

Requestor records- a total of 55 pages of records received to include but not limited to: The Back and Neck Institute records 9.17.08-12.20.11; Hospital records 5.27.11; Specialty Hospital records 5.2.11, 5.4.11;_Imaging 10.28.11; Imaging Center MRI Lumbar with and without contrast 4.12.11, 11.10.08; Open MRI of Lumbar Spine MRI 5.10.07; Imaging Cervical Spine MRI 9.29.2008; MRi Brain 9.29.08; Lumbar spine x-rays 12.17.07; Medical Center lumbar x-rays 12.17.2007; Surgery Center records 3.12.09-6.10.10; Medical Center records 12.17.2007;

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx. The patient complains his pain levels are 8 on a scale of 0 to 10. He continues to have severe radicular symptoms primarily through the posterior aspect of the thighs down the lower legs and into the feet.

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. The patient has had a prior laminectomy. He has had several years of non-operative care, including physical therapy, pain management, psychological testing and second opinion evaluation affirming the indications for the requested surgery. An mri obtained 4/12/11, was consistent with L4-5 hypertrophic changes contributing to moderately severe canal stenosis. There are findings consistent with chronic arachnoiditis. At L5-S1, there is facet arthrosis with osteophytic ridging and moderately severe canal stenosis and neural impingement.

While the studies done on this patient demonstrate only a 3 mm motion segment instability which is less than the AMA recommendation of 4.5mm for fusion, I believe that the findings, taken as a whole, indicate the requested surgical intervention.

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