

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 25, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed evaluation with Pain Management Physician, Dr. Cottingham, for Lumbar discography at L3-4, L4-5 and L5-S1

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
unk			Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient had a work injury reported for xx/xx/xx when he picked up a piece of wood and twisted and had report of lower back pain. He had multiple diagnostic studies including an EMG that suggested a right L4 radiculopathy. The 01-28-11 lumbar MRI showed mild compression fractures of T12 and L1 (chronic) but with retropulsion versus osteophyte at T12 causing mild canal stenosis at T11-12 and T12-L1. There were degenerative disc bulges and facet hypertrophy at L3-4 and L4-5 noted on the 01-28-11 MRI. The lumbar myelogram CT scan on 10-18-11 showed a T11-T12 broad based disc osteophyte complex with mild to moderate stenosis.

The May 8, 2012 examination was positive for right sacroiliac dysfunction. There was a 08-10-12 letter by Dr. which proposed the right L4 radiculopathy was consistent with the patient's disc desiccation. (Disc desiccation should not result in a radiculopathy).

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 proposed 3 level discogram is not validated per ODG criteria as a medical necessity and thus the proposed evaluation with the pain management doctor would also not be medically necessary.

REF: *Official Disability Guidelines* TWC Low Back

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