

**Parker Healthcare Management Organization,  
Inc.**

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**Notice of Independent Review Decision**

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**DATE OF REVIEW:** MARCH 12, 2013

**IRO CASE #:**

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

Medical necessity of proposed Lumbar decompression L4-L5 and 3 day LOS (63047, 63048, 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)
- XX 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	63047		Prosp	1				99K0000559407	Overturned

724.4	63048		Prosp	1				99K0000559407	Overtured
724.4	69990		Prosp	1				99K0000559407	Overtured

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year old male was injured slipping on ice on xxxxxx. He sustained injuries to various areas of the body, including the low back.

**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 patient has been treated conservatively with three epidural steroid injections (some transforaminal, some caudal), "several trigger point injections", activity modification, and at least one NSAID (naproxyn). His symptoms continue to be low back pain, primarily left sided, as well as left leg pain. His subjective complaints affect his daily life, and has been variously placed on hydrocodone, Soma, Zanaflex, and Ambien. His physical exam demonstrates a positive ipsilateral straight leg test and 1 cm calf atrophy on the symptomatic side. His myelogram and CT of 11/12/12 shows "significant dorsal displacement of contrast at L4-L5" with a 3-4 mm disc protrusion and an 8.9 mm spinal canal, compatible with spinal stenosis.

His subjective complaints are corroborated by both physical findings and radiologic verification. He has undergone extensive conservative care and failed to show improvement. An operative option should be made available to the patient, and there is no reasonable rationale for denial.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES