Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 9, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed one day inpatient stay for Lumbar right Microdiscectomy at L4-L5 (69990, 63030, 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:

XX 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	69990		Prosp	1					Upheld
722.10	63030		Prosp	1					Upheld
722.10	77003		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 82 pages of records received to include but not limited to: letter 3.13.13-3.25.13; request for an IRO forms; email to 3.12.13; Risk Mgmnt Pre-Auth 1.22.13-3.6.13; Spine and Neurological Surgery Institute records 1.21.13, Pre-authorization forms; Lumbar Spine x-ray 12.28.12; MRI Lumbar Spine 10.31.12; NCV/EMG report 12.28.12; records 12.28.12; records, Dr. 11.2.12-2.4.13; Contract Services 2.20.13; Peer Review 3.12.13

Requestor records- a total of 26 pages of records received to include but not limited to: PHMO Notice of IRO assignment Spine and Neurological Surgery Institute records 12.11.12-4.3.13; Lumbar x-ray 12.28.12; NCV/EMG report 12.28.12; MRI Lumbar Spine 10.31.12; records, Dr. 11.2.12

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient, man, had a reported work injury 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.

He had multiple trigger point injections as noted by the peer review done by Dr.. The patient was placed at Maximum Medical Improvement without any impairment in July 2012. The lumbar MRI completed on 10-31-12 showed a central disc protrusion/herniation at L4-5 and a left disc herniation at L5-S1. Dr. referred the patient to Dr., a neurosurgeon, whose neurological exam on 01-15-13 is inconsistent internally. He reported right anterior tibialis and EHL at 5/5 yet in a later paragraph he stated there was weakness of the "dorsal flexion" of the ankle. There were no calf measurements for atrophy. The electrodiagnostic study was interpreted by Dr. but he apparently never saw the patient. The lumbar radiographs with flexion extension done on 12-28-12 are vaguely reported regarding the amount of translation of the spine. The report references spondylosis versus spondylolysis. The patient apparently has never had any trial of an ESI. No RME has been done.

The necessity at this time for a lumbar Microdiscectomy at L4-5 only is not validated by these records.

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