

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 9, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed L4-S1 Laminectomy Discectomy, fusion with instruments implantable bone growth (63030, 63035, 22612, 22614, 22851, 22842, 20975, E0749, 22325, 22328, 22533, 22534, 62290)

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
722.10	63030		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	63035		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	22612		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	22614		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	22851		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	22842		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	20975		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	E0749		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	22325		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	22328		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	22533		Prosp	1			Xx/xx/xx	xxxxx	Upheld

722.10	22534		Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.10	62290		Prosp	1			Xx/xx/xx	xxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO 18 pages

Respondent records- a total of 171 pages of records received to include but not limited to: letters 5.30.13, 6.4.13, 6.5.13, 6.14.13; report, report 4.28.13; Records, 9.25.12-5.21.13; MRI Lumbar spine 5.3.13; worker clinic records 12.14.12; 3.8.13; records, 5.11.12; NCV/EMG report 5.15.12; note 4.10.12; 2.15.12; IME report 1.21.13; DWC 69; RME report 10.19.12; email to 11.5.12; report.

Requestor records- a total of 66 pages of records received to include but not limited to: TDI letter 6.19.13; IRO request forms; letters 6.4.13, 6.14.13; report 4.28.13; records 9.25.12-5.21.13; MRI Lumbar Spine 5.3.13; Worker Clinic note 12.14.12; notes 3.8.13; records, 5.11.12; NCV/EMG report 5.15.12; note 4.10.12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related 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.

This patient had a prior IRO on April 28, 2013 which upheld the denial for the L4-S1 laminectomy, discectomy and fusion but noted that an updated lumbar MRI would be warranted. This MRI study was completed on 05-03-13 to show a L5-S1 broad based disc herniation with annular tearing at L5-S1 and abutment of both S1 nerve roots in the lateral recess. At L4-5 interpreted there to be a right paracentral disc bulge with abutment of the right L5 nerve root and at L3-4 reported a posterior annular disc bulge with annular tearing.

There is no lumbar instability despite description of disc height loss as an instability. The MRI images forwarded do not even show any significant disc height loss and there is no anterior/posterior translational instability.

had proposed on his 05-21-13 office note after review of the lumbar MRI of 05-03-13 that the operative procedure he would now propose would be a decompression discectomy at L3-4 with an instrumented L4-S1 fusion with an implantable bone growth stimulator.

Neither of the proposed fusions at L4-S1 or the L3-4 discectomy are medically necessary or consistent with the ODG. Thus, the prior adverse determination is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)