

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 29, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed radiograph (72110) on Lumbar Spine

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 Physical Medicine and Rehabilitation 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 |
|-------------------|----------------------|------------------|----------------|-------|--------------------|---------------|----------------|------------|--------------|
| 724.02 | 72110 | | Prosp | 1 | | | | | Overturned |
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INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-23 pages

Respondent records- a total of 65 pages of records received to include but not limited to: Grp 5.1013; request for an IRO forms; letters 4.26.13, 4.30.13, 5.2.13; records MD 4.15.13-4.26.13; MRIOA 4.25.13, 5.2.13; Neuro Surgical Consultants Pre-Auth; Ultrasound 4.5.13USMD Hospital at reports 3.12.13, 3.15.13; Lumbar spine 2 or 3 views

Requestor records- a total of 35 pages of records received to include but not limited to: TDI letter 5.9.13; request for an IRO forms; letters 4.26.13, 4.30.13, 5.2.13; records MD 3.11.13-4.26.13; MRIOA 4.25.13; Neuro Surgical Consultants Pre-Auth; USMD Hospital at reports 3.12.13, 3.15.13; Lumbar spine 2 or 3 views

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee reportedly sustained an injury to the low back region on xx/xx/xx. He reportedly slipped and sustained a twisting injury to the low back region. Electrodiagnostic studies were reportedly accomplished on January 20, 2000, and were significant for a chronic right L5-S1 radiculopathy.

On September 24, 2000, a lumbar micro-discectomy was accomplished at the L5-S1 level. Post-operative imaging studies were reported to demonstrate epidural fibrosis.

A lumbar myelogram study was accomplished on April 23, 2010, and documented disc space narrowing at the L5-S1 level with retrolisthesis of L5 on S1. X-ray studies of the lumbar spine were also accomplished on October 31, 2012, and documented disc space narrowing at the L5-S1 level with retrolisthesis of L5 on S1.

Discogram studies were also obtained on January 7, 2013, and were reported to indicate concordant back pain at the L5-S1 level with no concordant pain at the L4-L5 level.

Objective physical examination findings on March 11, 2013, documented straight leg raise testing to cause low back pain complaints. Decreased sensation was noted in the dorsal and lateral aspect of the left foot and dorsal aspect of the right foot. Decreased strength was noted with plantar flexion which was graded at 4+/5. Treatment recommendations were for a fusion of the lumbar spine at the L5-S1 level.

A Posterior Lumbar Interbody Fusion at the L5-S1 level with posterior instrumentation was accomplished on March 12, 2013, by Dr.

A Doppler study of the bilateral lower extremities was performed on April 5, 2013, and was negative for any deep vein thrombosis.

Post-operative x-ray studies were accomplished on April 15, 2013, and documented the cages and screws to be in excellent position at the L5-S1 level with excellent bone density in the disc space and lateral gutters.

A previous request for repeated imaging studies of the lumbar spine was non-certified on April 25, 2013, since there were no "red flags" on the physical examination findings to support repeating the imaging studies.

A request for reconsideration of the non-certified post-operative x-rays of the lumbar spine from the treating provider on April 26, 2013, was also reviewed. The treating provider was appealing the non-certification to evaluate the status of the lumbar spine fusion and the complaints of bilateral foot pain by the injured employee post-operatively.

It appears that on May 2, 2013, a letter to the treating provider denying the appeal request was sent out. The appeal request for the x-ray studies was non-certified on May 2, 2013. It was noted in the rationale that recent x-ray studies had been obtained and documented normal alignment and placement of hardware. Repeating the x-ray studies was felt to be redundant and not medically indicated at the frequency requested.

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.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines radiograph studies are supported to evaluate the status of a fusion (ODG Low Back Chapter, updated May 10, 2013). Although routine x-ray studies of the lumbar spine are not supported by treatment guidelines unless there are "red flags" on the physical examination findings, I do believe that following a fusion procedure with instrumentation, that repeating imaging studies to ensure no significant changes in alignment or movement of the interbody spacer has occurred (ODG, Low Back Chapter, updated May 10, 2013) would be appropriate.

The previous non-certification was based on the premise that the previous x-ray study obtained on April 15, 2013, documented good alignment with no significant findings on physical examination. I do believe that the guidelines support post-operative imaging studies to evaluate the progression of a fusion procedure post-operatively. Although I agree that the frequency of the imaging studies should be spread out to allow the changes to be noted on the imaging studies. The patient underwent a lumbar fusion at the L5-S1 level on March 12, 2013. One set of post-operative x-ray studies were obtained on April 15, 2013. I think at this point since it has been about six weeks since the last imaging studies were obtained; repeated x-ray studies would be appropriate and supported by treatment guidelines to evaluate the status of the fusion. I agree with the initial non-certifications due to the frequency of the imaging studies, but at this point do believe that repeated x-ray studies of the lumbar spine are in order to properly evaluate the status of the fusion and instrumentation at the L5-S1 level.

The treating provider was noted to appeal the non-certification for the x-ray studies documenting the need to evaluate the fusion and the injured employee's subjective complaints of increased pain in the bilateral feet post-operatively. The treating provider also desired to evaluate the status of the fusion in order to proceed with physical therapy as of April 26, 2013. Therefore, the x-ray studies at this time to re-evaluate the status of the fusion in order to be able to progress with physical therapy and ensure progressive incorporation of the fusion at the L5-S1 level is medically necessary.

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