

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 30, 2013

**IRO CASE #:**

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

Medical necessity of proposed ASC O/P Lumbar Spine Hardware Block Injection (64450, 77003-26)

### **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, 722.52	64450		Prosp	1			Xx/xx/xx	xxxxx	Overtured
722.10, 722.52	77003	26	Prosp	1			Xx/xx/xx	xxxxx	Overtured

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO- 19 pages

Respondent records- a total of 87 pages of records received to include but not limited to: Provider list; 7.3.13, 7.30.13; 3.26.12; medicals 4.10.12-6.27.13; MRI Lumbar Spine 5.17.12; 11.6.12; FCE 1.16.13; medical records 2.18.13-4.5.13; ODG Low Back-Lumbar and Thoracic; Treatment history

Requestor records- a total of 80 pages of records received to include but not limited to: medicals 4.10.12-9.3.13; medical records 2.18.13-4.5.13; FCE 1.16.13; MRI Lumbar Spine 5.17.12; 11.6.12; Medical record 3.26.12

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient has a history of severe back pain. On 3/26/12, the patient had lumbar surgery for internal disc derangement at L5--S1 posterior fusion with pedicle screws, allograft bone and bone marrow aspiration. Hardware was used to secure the fixation. Postoperatively, the patient developed a warm feeling and then some cold night sweats. He went to the emergency room. He had an elevated temperature. He was treated for an infection which is to be respected already infection. Because of these changes, he subsequently had an MRI of lumbar spine on 5 / 17 / 12. The findings consistent with prior surgery and no evidence of acute injury. The hardware was in a good position.

The patient went through a CPM program and physical therapy. As of 8/30/13, he patient still complains of pain in his low back. He has significant soreness and tenderness over the hardware site.

## **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.**

If the steroid/anesthetic can eliminate the pain, reducing the swelling and inflammation near the hardware, this can potentially lead to a decision to remove the hardware. Therefore, this can be considered diagnostic. I believe in reviewing the ODG Guidelines the patient has exactly this scenario in regards to the use of a hardware injection as a diagnostic tool in determining if the patient is having hardware pain. Therefore, the denial is overturned.

## **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