

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 19, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Right Hip block with fluoroscopy and monitored anesthesia (27095, 73525, 01991, 01992)

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
724.4, 721.3, 719.45, 722.52	27095		Prosp	1			Xx/xx/xx		Upheld
724.4, 721.3, 719.45, 722.52	73525		Prosp	1			Xx/xx/xx		Upheld
724.4, 721.3, 719.45, 722.52	01991		Prosp	1			Xx/xx/xx		Upheld
724.4, 721.3, 719.45, 722.52	01992		Prosp	1			Xx/xx/xx		Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was felt by to have "radicular symptoms", as stated in his note dated xxxxx. He had a lumbar transforaminal injection on xxxxx on the right L4, L5, and S1 spinal nerves. It is further stated as follows in the note of 9/9/2015: "Anesthetic blockade produced complete relief of the patient's usual pain."

Lending further credence to the likelihood that his hip pain was referred from spinal nerve pathology is the neurology note of, dated xxxxx. His impression was as follows: "Electrodiagnostic studies of the legs are consistent with an acute right L4 radiculopathy."

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.

Each of these facts, taken individually and certainly taken cumulatively, make it clear that this patient has pain which is referred to his hip, rather than primary hip pathology. The purpose of a right hip block under fluoroscopy with monitored anesthesia would be to rule out the hip itself as the primary source of pain. The combination of excellent initial response to his transforaminal injection and his positive EMG has already determined that the source of his pain was the L4 spinal nerve. This would render the hip block under fluoroscopy superfluous, and neither medically indicated nor 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