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Notice of Independent Review Decision
Amended Decision 10/23/12

DATE NOTICE SENT TO ALL PARTIES: 10/23/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the retrospective medical necessity of Ibuprofen, Tramadol, SM arthritis pain relief and Lyrica from 12/21/11 to 4/9/12.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Internal Medicine. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the retrospective medical necessity of Ibuprofen, Tramadol, SM arthritis pain relief and Lyrica from 12/21/11 to 4/9/12.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties: xxxxxxx

These records consist of the following (duplicate records are only listed from one source): Records reviewed from xxx xxxxx: 8/7/12 letter , 6/20/12 letter, EOB's from 12/27/11 to 6/25/12, Statements of pharmacy services
12/21/11 to 4/9/12, 1/18/12 Prescriptions from Dr., and 1/28/11 to 4/30/12 reports by MD.

Dr. 6/14/12 to 7/17/12 office notes from DC, 4/25/12 to 5/31/12 handwritten progress notes by Dr. 2/23/12 DWC69 and report by Dr. 3/4/11 FCE report, 12/7/10 PPE report, 10/20/10 DD report by MD with DWC 69, 5/12/11 IR report 9/22/10 neurodiagnostic report, 7/15/10 Lumbar MRI report, 7/13/11 lumbar MRI report, 9/15/11 cervical MRI report, and 7/13/11 right shoulder MRI report.

xxxxx: 6/23/10 office notes by NP, various DWC 73 forms, problem focused history form 7/12/10 to 11/11/10, 6/24/10 evaluation from
6/24/10 to 11/1/10 diagnosis sheets by Dr 6/24/10 to 11/1/10 treatment plans, 6/24/10 to 11/1/10 examination and ROM forms, 7/21/10 to 8/12/10 aquatic therapy notes, 7/28/10 foot scan, 7/29/10 to 8/5/10 daily rehab notes, 8/4/10 team conference notes, 10/1/10 FCE report, 11/3/10 to 12/8/10 WC daily notes, 12/6/10 to 1/9/12 office notes by DC, CPM notes 3/28/11 to 5/19/11, 5/9/11 to 5/19/11 progress notes by LPC, 8/26/10 to 11/17/11 progress notes by Dr. 12/7/10 to 9/1/11 reports by MD, 2/15/12 2nd opinion on MRI reports, 12/22/10 to 10/24/11 reports by EPOSG, 2/7/11 procedure report, 11/29/10 report by LPC, individual progress notes 12/23/10 to 1/28/11, 3/30/11 to 5/6/11 progress notes by Ph D, 3/30/11 to 5/26/11 MMT/ROM reports, and 8/26/10 report MD.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a man who was first seen for complaints of back pain. The TWC 069 dated indicates a diagnosis of 847.2 - Lumbar Sprains and Strains.

The claimant was first seen on the date of injury by nurse practitioner. According to the NP, the claimant was moving heavy equipment and had a sudden pain in his lower back. Physical exam was remarkable for positive straight leg raise on the right at 40°. X-rays showed a prior compression or shortening of the vertebral bodies at L4-L5. He was diagnosed with a lumbar strain, given a back brace and a Toradol injection, and told to take ibuprofen and Flexeril as needed for pain. He was also given restrictions for work and told come back in one week.

On 06/24/2010 he was seen by a chiropractor and continued on medications and physical therapy for a lumbosacral strain. He continued to have pain and was referred for a number of tests and opinions from another specialist. He had an ESI on 02/07/11. He had an EMG on 09/22/2010, which was normal. MRI without contrast on 07/21/2010 showed disc desiccation throughout the lumbar spine. He was evaluated by Dr. on 12/07/11 and his impression was that the claimant might have myositis. He detected no radiculopathy, radiculalgia, or HNP. A repeat MRI on 07/13/11 showed multiple bulging discs, mild bilateral protrusions and foraminal stenosis, mild central stenosis, and lumbar spondylosis with no significant change from prior MRI. He also had an MRI of his cervical spine w/o contrast on 09/15/2011, which showed some mild bulging discs and no evidence for traumatic disc herniation or fracture.

He was evaluated again by Dr. on 09/01/2011 and the physician advised the claimant to have surgical intervention. He was also evaluated on 10/28/2011 by Dr. who recommended a second steroid injection. According to the most recent note in included for this review, he is currently awaiting spinal surgery with Dr. and it is unclear if he has had the second ESI. He reached clinical MMI as of 02/23/2012.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The claimant sustained an injury. He was diagnosed with a lumbar strain/sprain and had a thorough evaluation, followed by appropriate treatment per official disability guidelines (ODG), which would include physical therapy, NSAIDs, pain relievers, and epidural steroid injections. He had an EMG which showed no signs of radiculopathy. He received an appropriate time off of work for recovery. The reviewer notes no medical reason why this claimant would continue to need these medications for the compensable diagnosis. Therefore, the above listed medications are not medically necessary for the time period in question.

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**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **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)**