True Resolutions Inc.

Notice of Independent Review Decision

Case Number: XX Date of Notice: 4/11/2018 2:05:33 PM CST

True Resolutions Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586
Email: manager@trueresolutionsiro.com

IRO REVIEWER REPORT
Date: 4/11/2018 2:05:33 PM CST
IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Bilateral TESI L2-3 lumbar

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Pain Medicine

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Overturned	Disagree
☐ Partially Overtuned	Agree in part/Disagree in part
☒ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX with a history of an occupational claim from XXXX. The mechanism of injury was not detailed in the information provided for review. The current diagnosis/diagnoses is/are documented as spinal stenosis to the lumbar region without neurogenic claudication, lumbar radiculopathy, chronic pain syndrome, and lumbosacral spondylosis without myelopathy. Past treatment included surgery and medications. A CT scan of the lumbar spine was performed on XXXX and showed 4mm circumferential disc osteophyte complex, suggestion of moderate canal stenosis, as well as moderate bilateral foraminal stenosis secondary to facet and endplate hypertrophy. On XXXX, it was documented this patient had complaints of pain to the low back that radiated down the lower extremities. Upon physical examination, it was noted XX had tenderness to palpation to the lumbar spine with diminished motor strength, sensation, and deep tendon reflexes.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
According to the Official Disability Guidelines, Epidural steroid injections are to reduce pain and inflammation thereby facilitating progress in an active therapy. They are to be given on the basis of radiculopathy that corroborates with imaging after the failure of conservative care. The clinical documentation submitted for review indicated this patient had low back pain with evidence of radiculopathy on physical examination. However, there was no documentation noting the exhaustion of conservative care as there was no documentation noting the recent failure of physical therapy to the lumbar spine. Consequently, the request is not medically necessary.
As such, the prior determination is upheld.

True Resolutions Inc.

Notice of Independent Review Decision

Case Number: XX Date of Notice: 4/11/2018 2:05:33 PM CST

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

☐ AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back (updated 12/28/2017), Epidural steroid injections (ESIs), therapeutic.