Parker Healthcare Management Organization, Inc.

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IRO Cert#XX

Date of review: December 3, 2018

Description of the service or services in dispute

XX

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:

Xx upheld (agree)

☐ overturned (disagree)

Patient clinical history [summary]:

XXXX. The claimant was diagnosed with XX. An XX XX XX and XX was performed at XX-XX in XXXX. Recurrent XX pain was noted with XX XX XX pain, XX, and XX that had increased over the previous XX months. Treatment included pain management and referral to a pride program in XXXX. Medications included XXXX. Injections were previously performed. An updated mri on XXXX, was consistent with post-operative changes of XX at XX-XX with acquired high-grade XX XX XX at XX-XX due to disc XX and XX XX XX. There was severe XX XX XX XX at XX-XX and XX neural XX XX at XX-XX which had progressed since the prior mri in XXXX. XX of the XX extremities was noted XX with decreased sensation in the XX XX XX over the XX muscle. Pain was noted on XX extension that radiated into the XX XX XX. An evaluation on XXXX, documented a negative Spurling's. There was XX XX XX with moderately reduced range of motion in all directions. Reflexes were XX+ XX throughout. There was normal muscle strength and decreased sensation in the XX XX extremity XX over the XX with normal XX XX XX sensation. A discharge summary from physical therapy on XXXX, documented there had been XX physical therapy sessions to date. An epidural steroid injection was performed on XXXX, at XX-XX.

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.

The request was previously non certified in XXXX due to lack of medical necessity. Additional documentation included a letter from the orthopedic surgeon dated XXXX. The claimant was noted to be symptomatic at XX-XX with severe XX in the XX XX of the core representing possible XX XX injury risk if there was a stumble or fall. The physical examination findings do not corroborate the imaging. There is a lack of clear pathology at XX-XX to support XX at that level under the guidelines. Recent failure of lower levels of care was not noted with the exception of formal physical therapy. Nsaids were not noted to have been used. Electrodiagnostic testing confirming XX was not submitted. Therefore, medical necessity for the XX XX XX and fusion at XX-XX and XX-XX, XX fusion, XX XX graft, XX length of stay, XX bone growth, XX collar, and XX collar was not established. The denial is upheld.

Official disability guidelines treatment integrated treatment/disability duration guidelines XX and XX XX (updated XXXX) XX.

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

Xx Medical Judgement, Clinical Experience And Expertise In Accordance With Accepted Medical Standards

☐ Mercy Center Consensus Conference Guidelines

☐ Milliman Care Guidelines

Xx 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)