

Applied Independent Review

Phone Number:
(855) 233-4304

P. O. Box 121144
Arlington, TX 76012

Fax Number:
(817) 349-2700

Email: appliedindependentreview@irosolutions.com

Notice of Independent Review Decision

Case Number: XXXXXX

Date of Notice: 04/24/2018

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Neurosurgery

Description of the service or services in dispute:

Referral to Neurological Surgery

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)

Patient Clinical History (Summary)

The patient is a XX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XX. Prior relevant treatment includes medications, activity modification and heat/cold. An MRI of the lumbar spine from XXXX found a posterior protrusion, subligamentous disc herniation, right and left posterior lateral, foraminal in location by as much as 2.5 mm impinging upon the anterior thecal sac at L3-4. At L4-5 there is posterior protrusion, subligamentous disc herniation, central, right and left posterior lateral, foraminal location by as much as 3.0 mm impinging upon the anterior thecal sac. There is mild narrowing of the bilateral neural foramina. At L5-S1 there is posterior protrusion, subligamentous disc herniation, central, right and left posterolateral in location by as much as 2.3 mm impinging upon the anterior epidural fat. Neural foramina were patent. According to the XXXX progress note, the patient was seen for follow-up. The patient complained of constant sharp pain to the lower back and neck. The patient reported XX was taking cyclobenzaprine which was helping with pain. The patient complained of pain with movement. The patient reported having no change or pain. The patient was noted to have had EMG positive L5-S1 radiculopathy. On examination there was spasm of the right and left paraspinal musculature. The patient had a positive straight leg raise on the right (sciatic pain on the right during right leg raise). There was abnormal sensation bilaterally at L5. The patient was diagnosed with other intervertebral disc displacement, lumbar region. The patient was to return to the office for recheck on XXXX and remain off work until reevaluation. The patient was to have neurological surgery referral due to L5-S1 radiculopathy EMG plus lumbar disc herniations.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines state the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines, such as opiates or certain antibiotics, require close monitoring. As patient conditions

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are extremely varied, a set number of office visits per condition cannot be reasonably established. In this case, the patient had complained of neck and back pain but when seen on XXXX, there was normal range of motion, a negative straight leg raise and normal muscle testing. As of XXXX there was spasm, tenderness, decreased sensation and a positive straight leg raise. The patient also had several medications and had activity modification/rest but no documentation of formal physical therapy to support advancing through to a neurological referral. As such, the medical necessity for Referral to Neurological Surgery is not supported. Therefore, the prior determination is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)