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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

TDI:

- Correspondence (X)

XX XX:

- Diagnostic (X)
- Office Visit (X)
- Utilization Review (X)
- Correspondence (X)

XX XX, M.D.:

- Office Visit (X)
- Diagnostics (X)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X, when X was going up the X. On X, a magnetic resonance imaging (MRI) of the X was performed at X and interpreted by X, M.D. The indication of the study was recent X pain and X. The study showed at X: X with mild X, X, and mild X. X was noted. X were patent. X: Discs were X. Mild-to-moderate X was seen. X were within normal limits. X: Disc was X. Moderate X. X was patent. X: Advanced X with X, X. Prominent X node was noted at X. Mild X were present. X with X allowed for moderately X, X. X was patent.

On X, the patient was seen by X, XX for pain in X. X continued to have X pain. Reportedly, the pain medication was not helpful, and X required something little strong than X. The patient was X. The X exam revealed

X diffusely but more severely over X and X. The range of motion (ROM) was limited due to pain. The X was positive on the X. The strength was X extension and the sensation was decreased on the XX side of the X. The motor system showed X strength on the X which elicited pain in the X. MRI of the X was reviewed. The diagnoses were X of the unspecified X.

On X, the patient was seen by X, XX with complaints of continued pain in the X pain, X. The diagnoses were X, X region, X, X, X, X, X, X, X. X were prescribed. X and X were continued. Restricted work duties recommended.

On X, the patient was seen by X, XX for X pain, X pain. X mg and X mg were X. X were refilled.

On X, X, and X, the patient was seen by X for worsening X pain. X also had sharp pain between X, X pain and X. X reported X down X with difficulty X. X was using a X to assist X was not helpful. X and X were prescribed. The patient was referred to X because of worsening X symptoms with X. X mg and X were X.

On X, the patient was seen by X, M.D., for evaluation of X pain (X) that XX, X pain X, X greater than the X and constant X. The physical exam revealed difficulty with X both X. The X were a X. Motor exam demonstrated give-way X tested in X secondary to pain and pain inhibition. Positive X more so than X at X degrees X extension. The diagnoses were X of the X region, other X of the X region, other X of the X region, X syndrome, X of the X region and other specified X. EMG/NCS study of X was recommended.

On X, the patient was seen by X for complaints of X pain X into X, X pain, X pain, X pain and X. X had a hard time X and difficulty following the X. X was using a X for X. Reportedly, X did hurt the XX and X did not like the way the X made X feel. X was started. X with X was refilled.

On X, EMG/NCS study of X was interpreted by Dr. X. The study showed

normal EMG/NCS. There was no evidence of X, X, X or X.

On X, the patient was seen by Dr. X. The MRI of the X and EMG results were reviewed. It was not certain that surgery would be the next step. The option of X both X and X purposes was reviewed. The plan was to follow up by pain diary to review the results.

On X, the patient was seen by X. The patient was examined by Dr. X. Dr. X opined the patient was found not to be at maximum medical improvement (MMI). X opinion stated that the patient should have the included disputed condition as part of X compensable injury including X with X. Orthopedic Surgery referral was given for the second opinion on aggravation of injury to the X area.

On X, EMG/NCS study of X was interpreted by Dr. X. The study showed evidence of a moderate X(X) affecting the X and X of the X. The X findings were worse than the X with X involvement and X findings. There was no evidence of X, X, X, X.

On X, the patient was seen by Dr. X. The EMG results of X were reviewed. The pain inhibition precluded the exam. X were noted with X. X signs were present, X. The diagnoses were X of the X region, other X of the X region, other X of the X region, X syndrome, X region and X syndrome of X. X was recommended. X surgery referral for the X findings was provided.

From X, through X, the patient was seen by X for a complaint of X pain X into X. The X started to X and almost make X. The X for X was denied. The X exam revealed X. The ROM was limited due to pain. The X was positive on the X. The strength was X on X extension and the sensation was decreased on the X The motor system showed X decreased XX strength on the X that elicited pain in the X. The X was antalgic and favoring the XX side. Medications were refilled.

On XX, the patient was seen by XX XX. The patient had surgery on the

XX XX last week. X had not heard anything about ESI. Referral to XX Surgery for second opinion on continued XX pain was given.

Per Utilization Review dated XX, by XX XX, M.D., the request for a XX XX XX steroid injection to XX was denied. Rationale: "*In my judgment, the clinical information provided does not establish the medical necessity of this request. The Official Disability Guidelines, Work Loss Data Institute (24th annual edition), XX XX Chapter, (2019): Epidural steroid injections, diagnostic, section and Official Disability Guidelines, Work Loss Data Institute (24th annual edition), XX XX Chapter, (2019): Epidural steroid injections (ESIs), therapeutic, section were referenced for this request. In this case, the records do not establish evidence of a focal neurological deficit in a specific dermatomal distribution suggestive of XX radiculopathy that is corroborated by imaging or electrodiagnostic studies. The electrodiagnostic report is negative for radiculopathy and there is no indication of nerve root compression in the submitted MRI report. The records indicate that the injured worker has give-way weakness in all XX tested in the XX XX and XX XX secondary to pain and inhibition. This is not indicative of acute radiculopathy. The EMG/NCV report dated XX was normal. The injured worker does not meet the guideline criteria for the requested procedure. As such, the request for a XX XX XX steroid injection, XX is not medically necessary.*"

Per a correspondence dated XX, by XX, the request for a XX XX XX steroid injection to XX was non-authorized.

On XX, the patient was seen by XX for XX XX pain and XX pain with subjective numbness/tingling and weakness. X was experiencing X pain in X which was worse on the X. The pain level was X. The claimant was X and utilizing a X. The physical exam revealed X. The X test was positive on the X and on the X. The diagnoses were X region, other X of the X region, other X region, X or X of the X region and X of the X. X was recommended for persistent X signs and X X in MRI study.

On X, the patient was seen by X, M.D., status post X, X and X. X was

recovering from the surgery. Continuation of therapy was recommended.

On X, X, the patient was seen by X with worsening pain in the X of X and worsening and X all the day down to the X. The X exam revealed X. The ROM was limited due to pain. The X was positive on the X. The strength showed X. The X with X. Medications were refilled.

Per Utilization Review dated X, by X, D.O., the request for X was denied. Rationale: "*"With regard to X, according to a X MRI study on X, there was documentation of X, multilevel X, and X per radiology report. According to an office note on X, there was documentation of the injured worker having X pain as well as X pain in X with diagnoses of X, and X and the plan to do a X for persistent XX XX signs and significant X bilaterally on MRI. However, there was no documentation of any specific X occurring on MRI imaging to correlate with the physical exam findings in establishing a X pattern occurring at a particular XX level to support the need for the X based on the guideline criteria. Therefore, this request is non-certified."*

Per a correspondence dated X, by X, Dr. X was notified about the denial of services.

Per a correspondence dated X, by X, Dr. X was notified about the receipt of the reconsideration request.

Per Utilization Review dated X, by X, M.D., the request for X X was denied. Rationale: *"I recommend non-certifying the requested X for the following reasons: Per ODG Recommended as a possible option for short-term treatment of X pain (X) with use in conjunction with active rehab efforts. Not recommended X pain. There are no X documented on the exam, such as decreased strength or sensation in the submitted records. There is no X identified on the MRI at the X level. Therefore, the request is recommended non-certified."*

Per a correspondence dated X by X, Dr. X has notified about the X the

original non-certification determination.

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

The patient suffered an injury (X) with resultant X. Signs of X are documented multiple times in the clinical record: such as +X on X, X, and again on X; pain X. MRI revealed X, thus corroborating clinical symptoms. Electrodiagnostic testing is X sensitive for detecting X. The guidelines state X must be corroborated by MRI and/or electrodiagnostic testing. The patient has been unresponsive to X treatment. The patient meets the ODG criteria for diagnostic X. The X are thus certified as medically necessary.

Criteria for the use of X, diagnostic: To determine the level of X pain, in cases where diagnostic imaging is ambiguous, including the examples below: 1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies; 2) To help to determine pain generators when there is evidence of X; 3) To help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution), and imaging studies have suggestive cause for symptoms but are inconclusive; 4) To help to identify the origin of pain in patients who have had previous surgery.

Definition of X is resulting pain, X, or X in a X distribution. X pain is caused by X, X and/or injury to a X.

☒ Medically Necessary

☐ Not Medically Necessary

DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES