

P-IRO Inc.

Notice of Independent Review Decision

Case Number: XX

Date of Notice: 2/4/2019 6:13:32 PM CST

P-IRO Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

Date: 2/4/2019 6:13:32 PM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX XX-XX XX XX

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

REVIEW OUTCOME:

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

- | | |
|------------------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who suffered an injury on XX when a XX on XX, XX XX on the XX / XX while XX was on XX XX and XX XX XX into XX. XX. XX presented to XX on XX for a follow-up of XX XX pain. XX pain had not improved, and XX had moderate-to-severe pain. The pain was rated 8/10 at its worst and 4/10 at its least. The pain was constant and worsened with activity. XX. XX was using XX for pain at the time. XX also complained of increased XX lasting for XX to XX, on waking up in the morning. On examination of the XX XX, there was diffuse XX tenderness to palpation and mild limitation of range of motion secondary to pain. In the XX XX, there was diffuse tenderness to palpation. Weakness of the XX XX was noted secondary to the pain. In the XX XX, there was diffuse tenderness to palpation and axial pain without referral or XX. There was markedly reduced range of motion and positive

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XX loading. XX XX weakness was present. XX XX-XX XX were recommended. An MRI of the XX XX dated XX, revealed degenerative narrowing in the XX-XX XX. A XX XX and XX were present. Compression of the XX surface and XX XX was present with XX XX diameter narrowed by XX. XX was present at the XX-XX level. Degenerative narrowing of the XX height was noted at the XX-XX and XX-XX levels with XX and or XX formation at both the levels. There was XX XX and XX at the XX-XX, XX-XX, and XX-XX levels. There were degenerative XX changes present along the inferior XX at the XX and XX-XX levels. An MRI of the XX XX dated XX showed moderate XX at the XX-XX level with grade 1 XX. No discrete pars defect were visualized. There was XX at the XX-XX level. Minimal XX changes were present elsewhere in the XX XX. XX was present XX at the XX-XX level. No XX XX or compression fracture was present. There was XX of the XX secondary to XX with slight narrowing of the XX lateral recess. The treatment to date included medications (over the counter medications, XX XX-XX drugs, XX, XX, XX, and XX), rest, XX therapy (XX sessions with no improvement in XX pain and symptoms), XX support, XX XX, and activity modification.

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

Based on the clinical information provided, the request for XX XX-XX XX XX is recommended as medically necessary. The prior utilization review determinations were not submitted for review. The patient presents with XX XX XX pain with no radiation and no radicular findings on physical examination. There is positive XX loading and XX XX tenderness. The patient has been refractory to XX therapy, home exercise program and medication management. The patient has been recommended to continue with home exercise program. If successful, radiofrequency XX of the requested levels will be considered.

Therefore, medical necessity is established in accordance with current evidence based guidelines. Given the documentation available, the requested service(s) is considered medically necessary and therefore overturned.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Recommended prior to XX XX (a procedure that is considered "under study"). Criteria for the use of diagnostic XX for XX pain: Clinical presentation should be consistent with XX pain, signs & symptoms.