

Independent Resolutions Inc.
Notice of Independent Review Decision

Case Number: XX

Date of Notice: 1/29/2019 1:29:08 PM CST

Independent Resolutions Inc.
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IRO REVIEWER REPORT

Date: 1/29/2019 1:29:08 PM CST

IRO CASE #: XX

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

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:

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

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who was injured on XX. XX was XX XX of XX XX and XX XX XX XX, XX XX a XX in XX XX XX. XX was diagnosed with XX of XX of the XX XX. XX. XX was seen by XX on XX and XX for XX XX pain. The pain was described as XX, XX, XX, XX, and XX, rated at XX /10. The worst pain level was XX/10. The aggravating factors included standing, sitting, walking, and lying down. XX was able to sit for more than XX minutes, and stand / walk for less than XX minutes. XX was not working at the time. XX XX was XX XX by pain and it was poor. XX XX was XX. XX XX examination revealed positive XX XX XX XX. There was XX pain on XX XX, XX, XX, and XX. The XX loading was decreased in the XX XX. There was pain in the XX XX XX at the XX-XX level. The assessment was XX of XX of the XX XX. XX recommended a XX XX XX of XX at the XX-XX level XX times one. On XX, XX. XX presented for a follow-up. There was no significant change since XX prior visit. XX performed XX XX injection. An XX of the XX XX dated XX showed XX XX

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especially noted on the XX side at the XX-XX level along with a XX XX XX producing XX into the XX XX. Findings also revealed an approximately X.X XX XX XX XX with mild XX XX XX especially on the XX side and there was also XX-sided XX XX most prominently seen with XX XX XX that further narrowed the XX XX. XX-XX of the XX XX dated XX were negative for fracture or dislocation. Incidental finding revealed a XX XX XX in the XX. The treatment to date included medications including XX (helpful), XX, XX, and XX XX; hot bath (helpful), XX sessions of physical therapy (minimal or no help), and XX. Per a utilization review peer reviewer's response letter dated XX, the request for XX XX XX XX-XX XX XX XX XX-XX XX was denied by XX. Rationale: "As per ODG guidelines regarding XX XX XX, these are recommended only for diagnostic purposes in order to determine the appropriateness of performing XX XX for XX-XX mediated pain. XX XX injections for therapeutic purposes are currently "under study" in the guidelines and no recommendation for their use is given; however, qualifying criteria are provided if they are still pursued. This patient has XX XX pain with XX symptoms. As per the aforementioned guidelines, these injections are not recommended in patients with XX pain. Additionally, the request for the XX injections is submitted in concert with a request for XX which if performed simultaneously will obscure diagnostic assessment of the pain generators contributing to the patient's XX pain. Compliance with the aforementioned guidelines is not apparent. Medical necessity can not be established with the information provided in the available medical records. Thus, the request is non-certified." Per a utilization review peer reviewer's response letter dated XX, the request for XX XX XX, XX XX was denied by XX. Principal Reason: "The claimant is currently undergoing XX injections for XX. There is no rationale to start doing XX injections in the setting of a XX phenomenon. As such, this request remains not medically necessary. Rationale: "Per the Official Disability Guidelines, "Recommend no more than one set of XX XX diagnostic XX prior to XX XX, if XX is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic XX may be performed with the anticipation that if successful, treatment may proceed to XX XX at the diagnosed levels.' In this case, the patient presents with XX XX pain, XX positive for XX XX on the XX, as well as XX XX. Pain level is rated XX out of 10. Patient has XX XX pain, going on XX weeks, status post work-related injury. The patient is currently not working. Examination revealed XX XX XX positive XX. There was a prior denial dated on XX, for XX XX XX XX, and the provider appealed. No additional information has been submitted to overturn the denial. The claimant is currently undergoing XX injections for XX. There is no rationale to start doing XX injections in the setting of a XX phenomenon. As such, this request remains not medically necessary."

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, XX XX of the XX XX XX times one is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review peer reviewer's response letter dated XX, the request for XX XX XX XX-XX XX XX XX XX XX-XX XX was denied by XX. Rationale: "As per ODG guidelines regarding XX XX XX, these are recommended only for diagnostic purposes in order to determine the appropriateness of performing XX XX for XX-XX mediated pain. XX XX injections for therapeutic purposes are currently "under study" in the guidelines and no recommendation for their use is given; however, qualifying criteria are provided if they are still pursued. This patient has XX XX pain with XX symptoms. As per the aforementioned guidelines, these injections are not recommended in patients with XX pain. Additionally, the request for the XX injections is submitted in concert with a request for XX which if performed simultaneously will obscure diagnostic assessment of the pain generators contributing to the patient's XX pain. Compliance with the aforementioned guidelines is not apparent. Medical necessity cannot be established with the information provided in the available medical records. Thus, the request is non-certified." Per a utilization review peer reviewer's response letter dated XX, the request for XX XX XX, XX XX was denied by XX. Principal Reason: "The claimant is currently undergoing XX injections for XX. There is no rationale to start doing XX injections in the setting of a XX phenomenon. As such, this request remains not medically necessary. Rationale: "Per the Official Disability Guidelines, "Recommend no more than one set of XX XX diagnostic XX prior to XX XX, if XX is chosen as an option for treatment (a procedure that is still

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Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is upheld.

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

Criteria for the use of diagnostic blocks for facet "mediated" pain: