

**Pure Resolutions LLC**  
***Notice of Independent Review Decision***

Case Number: XX

Date of Notice: 1/28/2019 3:12:00 PM CST

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**Pure Resolutions LLC**  
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**IRO REVIEWER REPORT**

**Date:** 1/28/2019 3:12:00 PM CST

**IRO CASE #:** XX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** XX XX diagnostic XX XX XX-XX, XX-XX, XX-XX XX anesthesia; follow up visit

**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 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 diagnosed with sprain of XX of XX XX and XX of the XX region. On XX, during the course of XX (XX) and XX, XX felt a muscle strain in XX XX XX. XX stated that XX had iced the injured site, but the pain got worse. On XX and XX, XX. XX was evaluated by XX for an office visit. On XX, XX evaluated XX. XX for XX XX pain. XX was able to stand for more than XX XX. XX was able to sit for less than XX XX. XX was able to walk for more than XX XX. The pain level was XX/10. The pain level at the worst was XX/10 and best was at XX/10. The pain radiated into the XX XX extremity. The pain had been going on for several XX. The pain was described as XX, XX, XX, XX, XX, and XX. The pain was worse with standing, sitting, and walking. XX XX examination revealed XX toe XX, XX heel XX on the XX, and XX straight leg raise on the XX. There was a sensory deficit in the XX XX-XX, XX-XX, and XX-XX XX. It was documented that per the Official Disability Guidelines (ODG) the diagnostic XX (XX) was requested. The criteria for neurological deficits, imaging consistency and clinical findings were met for the XX-XX, XX-XX, and XX-XX levels times one. On XX, XX. XX complained of XX XX pain. The XX remained unchanged. There were no significant changes since the prior visit. The

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diagnostic XX (XX) was not approved in spite of meeting Official Disability Guidelines (ODG). XX mood was XX. On examination, XX blood pressure was XX XX. Per note, it was documented that an appeal for the denial of diagnostic XX XX (XX) was made. XX. XX had a degree of XX. XX understood that it was important to minimize sudden movement during the procedure. XX expressed a XX and / or a XX XX to not having a degree of XX whilst the procedure with XX was being performed. Per American Society of Anesthesiologists guidelines, XX was a candidate for XX (XX). On XX, XX evaluated XX. XX for complaints of XX XX pain, rated as XX/10. XX stated that overall XX symptoms had remained the same. The pain radiated into the XX XX XX and into the XX XX XX at the time. The XX and XX had resolved. XX XX weakness remained the same. On examination, XX XX XX, XX, XX, XX XX along the XX muscles, and XX remained unchanged as compared to the prior visit. XX had been having a lot of XX to the XX XX and XX XX, which was very XX and had more XX in general. XX XX muscle strength was decreased. Per note, XX. XX was seen by XX on XX and was recommended to have an XX and a request was submitted for XX on XX after calling the adjuster on XX. XX was changed to XX. A referral to XX (XX) was given not for XX or XX. A peer-to-peer was requested for XX. Per the records, an MRI of the XX XX dated XX revealed mild XX changes. At the XX-XX level, there was diffuse XX XX measuring up to XX XX in the XX XX region, which resulted in minor XX XX XX. There was a diffuse XX XX measuring up to XX XX, which resulted in mild XX XX XX and XX XX XX XX XX at the XX-XX level. At the XX-XX level, there was a diffuse XX XX measuring up to XX XX. An XX was consistent with multilevel XX with acute XX potential affecting the XX nerve roots and chronic XX potentials affecting the XX XX-XX, XX-XX, and XX XX nerve roots. The treatment to date consisted of medications (XX, XX, XX, muscle relaxant, XX XX-XX drugs, XX), physical therapy (minimal or no help), XX, XX therapy, XX (XX) (first XX on XX with XX% improvement and second XX on XX). Per the referral letter dated XX, XX. XX documented that the requested service in dispute was XX XX diagnostic XX (XX) XX XX-XX, XX-XX, and XX-XX, monitored anesthesia care (MAC); follow-up visit. The first denial was made by XX and the second denial was made by XX.

### **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 diagnostic XX (XX) – XX XX-XX, XX-XX, XX-XX, monitored anesthesia care (MAC) anesthesia; follow-up visit is not recommended as medically necessary, and the previous denials are upheld. The Official Disability Guidelines require documentation of XX on physical examination corroborated by imaging studies and/or electrodiagnostic results. The patient's XX MRI fails to document significant XX pathology. Additionally, the request for a three-level procedure exceeds guidelines which note that no more than two nerve root levels should be injected using transforaminal blocks.

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

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### **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
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL