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Notice of Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Scripts for orders by X MD X

WorkComp profile

Office visit by X, MD X

Office visit by X , MD X

Radiology report by X , MD X

EMG/NCV Consultation and Testing by X , MD X

Scripts for orders X

Operative report by X, MD X

Peer review report by X, MD X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X -year-old X who sustained injury on X while X into an X while at work. X was initially seen on X by Dr. X. X complained of -sided X pain that was moderate to severe. X was treated with XX, X, X X, X, X referral and X which provided X weeks of relief. X underwent X on X with no evidence of X or motor unit X were normal. MRI of X dated X revealed X at X with X changes, severe X narrowing without significant, moderate X X. The patient was seen by Dr. X on X complaining of X pain and X. EMG results reviewed and reported as negative. Plan was for X referral for X and/or X. The patient was seen on X by Dr. X with complaints of X pain with X. X had history of X repair and underwent X sessions of X . X had been treated for X pain with X therapy, X, and X . X also had X and had a XX appointment pending. On physical exam, X had discomfort with X, X X, increased pain with X , and “some X.” Recommendation was made for X therapy, X and X , consider , and increase X to TID. There was a previous adverse determination dated X by Dr. X as the patient had not received prior X as required by ODG.

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

The Official Disability Guidelines (ODG) supports the use of X in patients with X pain present at no more than X. ODG further indicates the criteria for the use of X require one set of diagnostic X with a response of \geq X and the pain response should be approximately X hours for X. In this case, this patient has X pain, had failure of X treatment for greater than X weeks, received X weeks relief after X, and the request is for X levels X . However, there is no supporting evidence provided that the patient has received a set of diagnostic X with a response of $>$ X. As

such, the medical necessity has not been established for the use of X, and thus the previous adverse determination is upheld and the case is non-certified.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
XX**