

P-IRO Inc.

Notice of Independent Review Decision

P-IRO Inc.

An Independent Review Organization

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PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X had a X. X was diagnosed with X. On X, X was evaluated by X, MD for pain of X. X had extensive nonoperative treatment of the X. Although X had some short-term benefits with the X, X was experiencing recurrent pain and X. On examination of the X, the X. The X was tender to palpation. There was X. The diagnosis was X. An MRI of the X dated X revealed X. Medial X was noted at the X attachment without well-defined X. Broad moderate-to- X. Minimal X was seen. Treatment to date included supervised X. Per an Initial Review Determination letter dated X and Peer Review dated X by X, MD the recommended prospective request for X was non-certified. Rationale: "This request is not supported. There is no significant X sustained to support current symptoms of pain related to any X. MRI of the X. Furthermore, physical examination on X notes tenderness at the X. This does not support a X. Considering this lack of X history, X on MRI, and lack of correlation with physical examination, this request is not medically necessary." Per a Reconsideration Review Determination Letter dated X and a Reconsideration Peer Review dated X by X, MD, the recommended prospective request for X was non-certified. Rationale "The ODG recommended X when imaging findings are inconclusive. The ODG recommends a X. The ODG supports a X for more complex surgeries. Based on the clinical documentation provided, the injured worker has been diagnosed with a X. The injured worker reports X injury. On physical examination, there is a X. The symptoms have been X. On MRI, there is evidence of a X. A X would not be supported for an X. As it is unknown what procedure will be performed until the X is evaluated X cannot be determined. Based on the ODG recommendations and provided documentation, a X is medically necessary; however, the X are not medically necessary."

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

The ODG recommends X when there are at least X on MRI, and a failure of X including X in addition to X. The ODG supports the use of a X as an option for more complex surgical procedures. The provided documentation indicates the injured worker had persistent pain and X injury. The symptoms persist despite treatment with X. There are objective findings of X. An MRI has confirmed a X. There is no rationale provided for why X would be necessary for routine X. When noting the pertinent clinical findings, evidence of X on MRI, and failure to improve despite appropriate X is supported. When noting X is not a complex procedure and does not typically require a X is not supported.

Based on the provided documentation and ODG recommendations, recommendation is to partially overturn the prior denial. The request for X is medically necessary and overturned and the request of a X is not medically necessary and therefore, upheld.

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

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- 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
- TMF SCREENING CRITERIA MANUAL