

Independent Resolutions Inc.
Notice of Independent Review Decision

Date of Notice: 8/26/2019 4:00:56 PM CST

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PATIENT CLINICAL HISTORY [SUMMARY]: X with date of injury X. X worked as a X and was X (X approximately X pounds). X was X was getting X of the X to pass to X, which was more than X, when the X perpendicularly in the X. X had severe pain which had since started to X, X more than the X. The diagnoses included X pain and X. X presented to X, MD on X with X pain. X reported more than X of X improvement in pain from the prior diagnostic X(X). There had been a gradual recurrence in pain. The pain scores had been markedly X, X. The pain had gradually increased and returned to X. In the X, X had improved, and X did not need to take any medications for pain. At the time, X reported of X pain to the X - more-than-X. There was X pain in the X, consistent with an X. X had to frequently X. X was unable to X due to pain and X and had been off work at the time. X was concerned about X safety due to pain and weakness in X. X off to the X and took the pressure off the X. X had increased X more to the X, on X with an even distribution of X. X had undergone X(X) with complete resolution of X pain for X hours. Activity tolerance was markedly improved, and the pain was rated X at the time of the visit. The clinical findings were deemed to be consistent with X pain. X had X pain over the X and into the X, which was worse with X. The X pain had been attenuated with X. A prior MRI had shown X. On examination, there was a

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positive X. The assessment was X due to a work-related injury resulting in X more-than-X pain, which had resolved except for X; and recurrent X pain after returning to work. Per Dr. X, X had failed X including X. X levels was recommended. Treatment to date included medications (X), X with X improvement in X pain X to the X, X (helped mildly), X, X (X), second X with X improvement (sustained benefit), X treatment. Per a Notification of Adverse Determination dated X by X MD, the request X levels was non-certified. The Primary Reason(s) for Determination was: "Per evidence-based guidelines, X is under study and conflicting evidence is available as to the efficacy of this procedure. The patient underwent diagnostic X and reported greater than X hours of X improvement in X pain and then gradual recurrence and in the X period X X was improved and X did not need to take any medications for pain. X had low X pain complaints with a pain level of X as per latest medicals dated X. However, in this case, definite evidence of overall objective outcomes from prior X could not be fully established at this point. There was no objective clinical presentation provided in the report dated X to establish a clear comparison of the patient's overall clinical findings and validate its functional gains and pain reduction. Moreover, evidence of a formal plan of additional evidence-based conservative care, in addition, this therapy was not addressed in the records. Lastly, this procedure is under study and studies have not demonstrated improved function as per state guidelines. Clarification is needed regarding the request and how it would affect the patient's clinical outcomes. Exceptional factors were not present. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Evidence of a formal plan of additional evidence-based conservative care, in addition, to this therapy was not addressed in the records." Per a Notification of Reconsideration Adverse Determination dated X by X, MD, the reconsideration request for X levels was non-certified. The Primary Reason(s) for Determination was as follows: "Based on the clinical information submitted for this review and using the evidence based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X is recommended for primary treatment when a diagnostic X is positive with a solid diagnosis of X pain confirmed by a X

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percent for the duration of the local anesthetic, limited only to patients with X pain, there is documentation of failure of conservative treatment prior to the procedure, and there should be evidence of a formal plan of additional evidence-based conservative care in addition to X. In this case, the patient had diagnostic X on X. Per visit dated X, X reported greater than X hours of X percent improvement in X pain and then gradual recurrence. It was reviewed during this visit and the first X minutes X pain score was X and since then gradually increased, returned to X post block. In the X, X activity tolerance was improved, and X did not need to take any medications for pain. An appeal for X was made. However, objective evidence of exhaustion from adequate conservative treatment was not fully established prior to necessitating the need for the request. Although it was noted that X had tried physical therapy, there were no actual notes presented for evaluation. The prior non-certification is upheld.”

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

The Official Disability Guidelines generally notes that X is under study. With that said, the medical records largely described radicular symptoms in the X. It is not clear that symptoms or physical examination findings suggest probable X pain. Given the documentation available, the requested service(s) is considered not medically necessary and therefore 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