

Notice of Independent Review Decision

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

X

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

**PATIENT CLINICAL HISTORY:**

The patient is X who X on X. While X, the X and as X, X in the X.

On X, the X was evaluated X, for X of X pain following an X. X reported while X, the X and when X, X. There was no X. On examination, X X and was unable to X. The assessment was unspecified X. X was prescribed. The patient was advised X, X and to obtain X if there was X. X was X form X.

On X, X noted that the patient had X overall in the X. On X, X appeared X, but X. The X had X and X. X stated that the patient's X was X. The assessment was X. X was continued.

On X, the patient was evaluated by X, for X. X reported that X initially X. At X,X had X in the X. The pain was described as X. On examination, X appeared X, but X. The X had X and X over the X. The X had X due to pain. The X was X. The X were X, X and unspecified X of X. A X was X. X was X. The patient was X and advised X. X noted the X.

On X, X noted the patient X to have pain in X. X continued to have X. The X provided X. X was X to X due to the pain. The additional diagnosis was X. X was discontinued. X was prescribed. A X referral was provided. X noted the X for MRI was X and that X might need X.

On X, X, provided a X for X. X was recommended X.

Per Utilization Review dated X by X, the request for X, was approved. Rationale: "*Per ODG guidelines, I can recommend X. Not to exceed X per visit. The authorization was accepted.*"

On X, X noted the patient X. X reported X. X had X. A X was X into X. X was X. X was X and X was prescribed. X was continued. An X was recommended.

From X through X, the patient X of X. The chief complaints were X. X had been using X. The treatment diagnoses were pain in X and X. The interventions included X.

On X, a Medical Peer Review was completed by X. Opinions: Based on the mechanism of injury (MOI), the patient tried to X. The extent of injury was X. The subjective complaints, examination findings, MOI and imaging results were all consistent

with the X. X were not a result of the work-related injury. There was no X provided to support the diagnosis of X. Thus, the X was not a result of the work-related injury. The X were expected to X. Based on the X, the patient had not X as of yet. Thus, X would not be expected until X. The patient had a X X were X. There was no X within the provided records to support an X due to the work injury. As of X, the patient reported pain to X. X was able to work with restrictions as of X and expected to remain on restricted duty for X. The documentation supported X from X. X reported X was X on X. Based on review of the medical documentation and O Official Disability Guidelines (ODG), the proper treatment protocol for the X, would include X. No treatments provided as of yet had exceeded ODG guidelines for X. A X based on the ODG for the X would be X. No X was necessary for X. If there was X, X was reasonable. There was no necessity for X if determined necessary, as it was only recommended for X and there would be no X. Future medical care would include X. The only X noted on review were X. These X were not barriers to recovery or improvement and were not impacting the patient's recovery in this case. It was opined that the patient would have X. None of the treatment or services rendered to the patient as of yet had been unrelated to the compensable injury. There was nothing additional to report. The X in general X. The documentation provided did show the patient had X, which would inhibit X.

On X, X noted that the patient X. The plan was to continue use of X.

Per a Utilization Review dated X by X, the request for X was partially approved. *"Per ODG guidelines I can recommend X. X accepted partial authorization."*

On X, X noted the patient had X. The plan was to continue using X. An X was ordered.

On X, an **X** was performed at X. The study revealed: X

On X, X noted the patient had X. X had X. X was unable to X. The X provided X. X were discontinued. The plan was to continue with X.

On X, an **MRI of X** was performed at X. The study revealed: X

On X, an **MRI of X** was performed at X by X. The study revealed: X

On X, X saw the patient for reviewing the MRI studies. The physical examination X. X prescribed. A referral to Dr. X was provided.

On X, the patient was evaluated by X. The associated symptoms included X. The examination of the X. There was decreased X with pain. The X. X were X. The X of the X revealed X. There was X of the X. There was X. The MRI of the X was reviewed. The diagnoses were X. X were prescribed. The treatment plan included X

On X, Dr. X noted the patient X. X had significant pain and X. X had X. A X was X.

On X, the patient was seen by Dr. X for X. X reported X. X stated X. X was X pain. X was X. X were X. Dr. X noted that due X to further evaluate for better evaluation of X.

On X and X, X saw the patient for X. X was seen by Dr. X, who X. Th physical examination X. X was discontinued. X. Awaiting approval for MRI.

On X, a X was performed by X to determine if the X and return to work status. The diagnosis was X. The patient had not X and so X. The anticipated X. Dr. X noted that this should allow sufficient time for a X.

On X, X noted the patient was seen by X who recommended X. The treatment included X. Recommended X and follow-up with Dr. X. X noted that due to the recent surge in Covid-19 infections, increased risk of exposure and community spread, X and had X due to the current pandemic.

On, Dr. saw the patient for X. X continued to have pain X. X has had X. The X. X had a X completed recently in which X. The examination of X. The examination of the X revealed X. There X. Dr. X assessed X. Dr. X opined that although the X, there were no reports to get ahold of. A X in closed setting to further evaluate the extent of X was needed. X was recommended.

On X, X completed a Utilization Review Request Form. The requested service was X (The handwritten document was illegible).

Per a Utilization Review Worksheet dated X from X, the request for X was denied based on the following rationale: “The ODG recommends X. The provided documentation indicates the injured worker has X. The provider has recommended X. While there is documentation of X, there is no documentation of a significant change in symptoms or findings suggestive of significant new pathology. Based on the ODG recommendations and available information, X is not medically necessary.” Evidence Based Guideline Used: ODG by MCG, X, Magnetic resonance imaging (MRI),

Per a Utilization Review dated X, the request for X was non-certified based on the following rationale: “The ODG recommends X when there has been X. The provided documentation indicates the injured worker has X. The provider has recommended X. While there is documentation of X, there is no documentation of a significant change in symptoms or findings suggestive of significant new pathology. Based on the ODG recommendations and available information X is not medically necessary.” Evidence Based Guideline Used: ODG by MCG, , Magnetic resonance imaging (MRI), Updated. ODG by MCG, , Magnetic resonance imaging (MRI),.

On X, a Reconsideration Request was submitted X. The requested service was X. (The handwritten document was illegible).

Per a Reconsideration dated X from X, the request for X was denied based on the following rationale: “ Based on the clinical information provided, the Reconsideration for X is not recommended as medically necessary. The initial request was non-certified noting that, “ODG X. The provided documentation indicates the injured worker has X. The provider has recommended X. While there is documentation of X, there is no documentation of a significant change in symptoms or finding s suggestive of significant new pathology.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. X dated X indicates the X. Additionally, the submitted clinical records fail to document a significant change in the patient’s clinical presentation. There are no prior diagnostic studies submitted for review. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.”

On X, a X., documented X: The X was denied. Rationale: “Based on the clinical information provided, the Reconsideration for X is not recommended as medically necessary. The initial request was non-certified noting that, “ODG recommends X when there has been a significant change in symptoms or findings suggestive of new significant pathology. The provided documentation indicates the injured worker X. The provider has X, X there is no documentation of a significant change in symptoms or findings suggestive of significant new pathology.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. Record review dated X indicates the X. Additionally, the submitted clinical records foil to document a significant change in the patient’s clinical presentation. There are no prior diagnostic studies submitted for review. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.” Guidelines Used: Official Disability Guidelines Treatment Index, 25th edition online, 2020-Elbow Chapter Magnetic resonance imaging (MRI) and Official Disability Guidelines Treatment Index, 25th edition online, 2020-Shoulder Chapter Magnetic resonance imaging (MRI).

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

Upon review of the medical and administrative records included herewith, the opinions of the two preauthorization reviewers appear to have been appropriately formulated, indicating repeat MRI is not medically necessary per TDI-approved ODG. The requestor has failed to document a substantial change in symptoms and/or clinical findings and has failed to address this issue in office notes or any other means.

Medically Necessary

Not Medically Necessary

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**