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DATE OF REVIEW: X

Date of Amended Decision: X

IRO CASE # X

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

M.D. Board Certified in X

REVIEW OUTCOME

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who sustained a X to X. This is described as a X. X is diagnosed with a X based on x-ray and MRI

findings. X-ray from X showed X. MRI from X showed X. It was also noted X in the X and a X without a X or X. It appears that X has been treated with medications, X. As of X most recent evaluation dated X continues to have pain in the X that has not improved with any of these X. The pain is worse with X. X is X but has pain when X and X. X has difficulty with X. X denies locking. X feels constant X. On exam X had a X. No X was noted. There was X. On prior exam X was noted to have X. At this point the request is for a X with a X.

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

Per ODG references, the requested X and X that was received on X is not medically necessary
The patient meets criteria for an X patient but based on X mechanism of injury and imaging findings it is very likely that the X noted on MRI is a X. It is more likely that the injury has caused X of what is stated to be previously X changes than that the X. With this more likely being a X in the X changes and not having X and having symptoms present for a X is not recommended in this patient by ODG guidelines. X in a X has been shown to have X.

Also, it appears that the patient only had a X of X and the recommendation is that X is maintained for X. While the patient did not respond to a X has not had a X which may provide better relief in some patients. For these reasons, the requested surgery is not certified.

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 KNOWLEDGE BASE

☐ AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

FOCUSED GUIDELINES