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IRO REVIEWER REPORT

Date: 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: X

REVIEW OUTCOME:

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

- Overturned Disagree
 - Partially Overturned Agree in part/Disagree in part
 - Upheld Agree
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PATIENT CLINICAL HISTORY [SUMMARY]:

X with a date of injury X. The biomechanics of injury was not available in the records. X was diagnosed with X. On X, X was evaluated by X, DO for the follow-up evaluation of X. The severity of symptoms was rated X. X continued to experience X. On examination, X was X. There was X. X was present at X. X tests were X. An MRI of the X dated X revealed evidence of X posteriorly noted. Treatment to date consisted of medications (X), X. Per the Notification of Adverse Determination dated X, the request for X was non-certified. It was determined

that X. This type of X. A X. X for X was recommended as indicated below. X and X or X was specifically not recommended. In the case, X complained of X. The severity of symptoms was rated at X and noted X continued to experience X. There was X, moderate for present X, and mild for a present X. The present X. The X test and X test were X. A request for X was made. However, there was no actual X report submitted in the medical records to validate evidence of X ongoing condition. Also, X for at least X months could not be yet established. X age of injury in relation to X condition for the requested X was still less than X months. Moreover, X was a current X. Clarification was needed the request and how it might change the treatment recommendations as well as X clinical outcomes. Per the Notification of Reconsideration Adverse Determination dated X, the request was X was denied by X, MD. Rationale: "There were no additional medical records submitted with pertinent information that would overturn the previous denial. Prior non-certification is upheld."

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

The ODG supports surgery for a X when there is history of X or X that is disrupting activities of daily living, when there is an X test or X, imaging findings consistent with X and at least X months of X. Based on the clinical documentation provided, the injured worker sustained an X on X. The MRI is consistent with a X. The injured worker has X despite treatment with a X. On X examination, there is moderate X. There was no recent documentation provided to indicate what additional X of been trialed and failed to satisfy the criteria for surgical intervention in this case. The information provided is not sufficient to overturn the prior denial.

Based on the ODG recommendations and available information, a X is not medically necessary, and the decision is 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