MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
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Notice of Independent Review Decision

DATE OF REVIEW: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO REVIEWED THE DECISION
X.

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

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:
The claimant is a X who was injured on X while working for X. The claimant was diagnosed with Sprain of ligaments of lumbar spine.

Diagnostic studies:
The claimant underwent X.

Surgeries:
No documentation of any surgeries was provided.

Conservative Treatment:
The claimant has been treated with X.

Medications:
The claimant is currently taking X
.

Progress notes:
Initial anesthesia - pain management evaluation by X , MD dated X documented the claimant to have complaints of head, face, shoulder, back, hip and right lower extremity pain that is sharp, constant, and rated at X. Objective findings include “Flexion, extension, rotation of the cervical spine is decreased by X to X in all X noted. The patient has decreased range of motion as previously said in the cervical spine. X are X on the right. Flexion, extension, rotation of the lumbosacral spine decreased X to X in all planes. X in X on the right lower extremity. X is X in the lower extremities as well as the upper extremities. X has X on the right, negative on the left. The patient has X at X. The claimant was diagnosed with Cervical and Lumbar sprain/strain and bilateral X and X, X was recommended.”

Denial Letter:
Prior UR dated X denied the request for X stating "Per Official Disability Guidelines (ODG) by X
. A request for the procedure in a patient with X
." In this case, there is no documented evidence of X. X is not shown to be medically necessary. Therefore, the requested X is non-authorized."

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

On X, a X sustained an injury while employed by the X. The diagnosis indicated a sprain of the ligaments of the lumbar spine, with an MRI revealing a X. Despite X. The claimant experienced a X decrease in lumbar spine flexibility in X. However, the X in both bilateral lower extremities remained intact at X. The presence of a X on both the right and left sides was consistent with X. Additionally, lower back spasms were observed at the X.

The treating physician proposes commencing treatment with a right X. This approach aligns with the standard of care and is consistent with ODG (official disability guidelines) guidelines, considering the documented physical examination, imaging findings, prior attempts at conservative care, and adherence to ODG recommendations.
The lumbar MRI conducted by one step diagnostic revealed a X.

While this claimant could possibly benefit from X there is poor documentation of physical exam. No reflexes are documented and the specific dermatome in effect could be documented better.

Therefore, based on the referenced evidence-based guidelines, it is the professional medical opinion of this reviewer that the requested X can be established as medically necessary.

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

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

ODG Criteria