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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW: 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:

Upheld

(Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. X.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X for whom authorization and coverage for X was requested. The Carrier denied coverage for these services on the basis that these services are not medically necessary for treatment of the member's condition.

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

The Maximus physician consultant indicated that a review of records indicated the member was being treated for X. Past medical history was X. Past surgical history was X on X. Conservative treatment included X.

The Maximus physician consultant noted that the X magnetic resonance imaging of the lumbar spine has findings of X.

The Maximus physician consultant indicated that the X new patient visit cites low back and left leg pain. The member had a previous X. The member was able to recover and returned to work full duty as a X. The member had a date of injury of X with an acute onset of low back pain with radiation to the left

leg. The member has pain daily. The low back pain is rated X out of X and the left pain is rated X out of X. The examination revealed left quadriceps strength is X. The treatment plan included a X.

The Maximus physician consultant noted that the X treating physical report cites low back and left leg pain. The previous left X. The majority of the member's pain is in X lower back and in the mornings. It radiates into X bilateral hamstrings but never goes past X knees. The low back pain is X out of X and the leg pain is X out of X. The examination revealed X. There was X. X was X. The treatment plan included a follow-up.

The Maximus physician consultant indicated that the X treating physical report cites low back and left leg pain. The member had X. The pain has now recurred. The examination revealed X. There was X. The member X. The treatment plan included X.

The Maximus physician consultant noted that the X treating physical report cites low back and left leg pain. The member was status post a X. This date the member continued to have back pain with left lower extremity radiculopathy following the X. The member felt ready to X. The low back pain is rated at X out of X and the leg pain is X out of X. The examination revealed X. There was X. The member X. X-rays are noted to show X. The treatment plan included X.

The Maximus physician consultant indicated that the X psychological evaluation has conclusions that the member has a X.

The Maximus physician consultant noted that the X telehealth treating physician report cites “they” will not approve the surgery because the member X. The low back pain is rated at X out of X and leg pain is X out of X. The examination was noted to be the previous clinical examination from X and revealed X. There was X. The member X. The treatment plan X. Because of this effusion is what we would still recommend at this point. The request was made for a second opinion.

The Maximus physician consultant indicated that the X treating physician report cited continued low back pain after a X. There is a X. X was present within the lumbar. The pain is rated at X out of X in the low back and X out of X in leg pain. The member’s height is 71 inches, weight is 253 pounds, and body mass index is 35.41 kilograms per square meter (kg/m<sup>2</sup>). The examination revealed X. There was a sensation of instability with lumbar motion. The member X. The treatment plan included an X.

The Maximus physician consultant noted that the X treating physician report cited that the member was X. The member improved following this. However, after X injury at work on X the member had been dealing with left-sided back pain with radiating pain into the left posterior buttock and thigh. The pain was sharp. The member noted about a week’s worth of benefit with the X. The member wanted to proceed with surgery at that point. The low back pain was rated as X out of X and the leg pain is rated X out of X. The member’s height was 71 inches, weight is 248 pounds, and body mass index is 34.71 kg/m<sup>2</sup>. The examination revealed X. The deep tendon reflexes were X in the

patella tendons bilaterally. X-rays from that date are noted to show a X. The treatment plan included an X.

The Maximus physician consultant indicated that the X treating physician report cited that the member had a second opinion and a X. There was noted X. The member's height was 71 inches, weight was 254.6 pounds, and body mass index was 35.64 kg/m<sup>2</sup>. The examination revealed X were intact. There was a X raise bilaterally. The member's X was stable. There was a X. The treatment plan included an X.

The Maximus physician consultant noted that this X was being treated for X. The member presented status post an X. The member improved following this. However, after X injury at work on X the member had been dealing with left-sided back pain with radiating pain into the left posterior buttock and thigh. The pain was sharp. The member noted about a week's worth of benefit with the X. The member wanted to proceed with surgery at that point. The low back pain is rated X out of X and the leg pain is rated X out of X. The member's height was 71 inches, weight was 248 pounds, and body mass index was 34.71 kg/m<sup>2</sup>. The examination revealed X. The deep tendon reflexes are X.

The Maximus physician consultant explained that as per Official Disability guidelines (ODG), "X

The Maximus physician consultant noted that additionally, the X magnetic resonance imaging of the lumbar spine does show X.)

The Maximus physician consultant indicated that there were noted x-rays of the lumbar spine noted on the examinations and are noted to X. However, there are X”

The Maximus physician consultant indicated that in this case, there is documentation of a X. The requested X. The member is not documented to be a smoker and the provider has discussed the procedure. There is also X provided. This meets the ODG X. However, again, there are X. The magnetic resonance imaging does demonstrate nerve root impingement. However, the provided objective examinations did not corroborate any neurological deficits. The criterion #2 in ODG has not been met. As the X itself is not supported, the associated instrumentation and inpatient stay are not indicated.

Therefore, I have determined that authorization and coverage for X is not medically necessary for treatment of the member’s condition.

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**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 UM KNOWLEDGEBASE**
  
- AHRQ-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:  
Back Fusion (Spinal) for Low Back Conditions**
- 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 (PROVIDE A  
DESCRIPTION**