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Notice of Independent Review Decision

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 Overtuned (Agree in part/Disagree in part)

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services

in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X. X was injured at work on X. X reported that while lifting a box, it slipped from X hands, and the contents in the box shifted and caused the lower back to twist awkwardly, causing pain. X heard a popping noise and felt pain in the right lower back that could spread to the right buttock. The diagnosis was other intervertebral disc displacement, lumbar region; lumbar sprain and strain; lumbar radiculopathy; lumbar herniated disc; lumbar stenosis; and bilateral sacroiliitis. Per a Work Conditional Functional Progress Note dated X, X was evaluated by X, NASM-CPT. X had attended X visits. X had a X performed on X, at which time, X demonstrated the ability to perform X of physical demands of X job. This Work Conditioning Functional Progress Note was performed on X and X demonstrated the ability to perform X of the physical demands of X job as a X. This was a X increase in return-to-work function since the previous return-to-work test was performed. X completed evaluation without matching X of job demands. The evaluator stopped due to reported shoulder injury and restrictions for no stooping and no bending from treating doctor. The return-to-work test items X was unable to achieve successfully during this evaluation included: Occasional Squat Lifting, Occasional Shoulder Lifting, Occasional Pulling, Firm Grasping, Bending, Static Balance up off of the ground, Sitting and Standing. X demonstrated the ability to perform within the SEDENTARY Physical Demand Category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles, which was below X job demand category. Based on sitting and standing abilities, X may be able to work full time within the SEDENTARY physical demand category, which was below X jobs demand category, for up to X hours per day while taking into account X need to alternate sitting and standing. It should be noted

that X job as a X was classified within the VERY HEAVY Physical Demand Category. On X, X presented to X, MD with a chief complaint of back and bilateral leg pain. X presented for CT scan results. X was working regular duty. Examination noted tenderness to palpation of the X. X was intact to X. FABER's and SI joint compression was X. A X was noted on the left. The assessment was X. Dr. X noted that X had multiple injections into the back but had not had any X. X CT scan that showed some X. Dr. X agreed that X would need some X; however, for the time, X wanted to proceed with the X. X was evaluated by X, MD on X. X presented for follow-up on lumbar injury. X had been denied. X reported feeling worse with sharp, burning, throbbing, numbness and X pain. Walking, sitting, standing, and driving made the pain worse and lying down made it better. Musculoskeletal examination showed X. Toe and heel walking was X. Flexion, extension, rotation of the lumbosacral spine was decreased by X in all planes. Straight leg raise was X. X were noted in the lumbar spine. Dr. X noted they would appeal the denial of the X and see X in a month. Of note, Dr. X was planning on doing surgery of the back. An MRI of the lumbar spine dated X identified X. On X, electrodiagnostic studies showed findings consistent with X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied. Rationale: "Regarding X, the Official Disability Guidelines supports a X. Progress notes for this claimant do not include any abnormal neurological findings on the physical examination performed on X. Additionally, the efficacy of the most recent X performed is unknown. Without physical examination findings to correlate between imaging studies and subjective complaints, the request for X are not supported. Recommend noncertification. Regarding X, the Official Disability Guidelines do not support this practice except for those with X. No such conditions are stated to be present for this claimant. Accordingly, the request for X is Recommend non-certification. Regarding evaluation, ODG states that evaluation and management (E&M) outpatient visits to doctor's medical offices play a crucial role in

proper diagnosis and return to function for injured claimant and should generally be encouraged. It is unclear what specialty is practiced by Dr. X to support an evaluation in practice. Without additional information, the request for evaluation by Dr. X is not supported. Recommend non-certification. “Per a reconsideration review adverse determination letter dated X, the request for X was denied. Rationale: “The Official Disability Guidelines supports a X. X are supported for those with at least X pain relief for at least X weeks from X. This claimant has continued back pain and radicular symptoms that directly correlate with physical examination findings and stenosis on MRI studies. They have not improved with first-line conservative treatment. Considering these persistent symptoms and objective findings, this request for a X is supported. Regarding a X, guidelines only support such treatment if there are findings of an inflammatory condition such as X. These conditions are not present with the injured employee. Recommend non-certification. The request for an evaluation by Dr. X is assumed to be an evaluation by orthopedic spine surgery. Why additional specialty care is needed while X are pending is unknown. Accordingly, currently this request for an evaluation by Dr. X is not supported. However, as no peer was established, this request is not supported in its entirety. Recommend non-certification. The requested X are not supported by the submitted medical records. The clinical examination did not clearly demonstrate an examination consistent with the imaging findings. An evaluation by an orthopedic spine surgeon, Dr. X is not supported as the patient is continuing with ongoing nonsurgical management. X, and evaluation by Dr. X is not medically necessary and non certified.

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

DECISION:

The requested X are not supported by the submitted medical records. The clinical examination did not clearly demonstrate an examination consistent with the imaging findings. An evaluation by an orthopedic spine surgeon, Dr. X is not supported as the patient is continuing with ongoing nonsurgical management. X is not medically necessary and non certified.
Upheld

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**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☐ **PRESLEY 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)**