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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X; Amendment 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 who was injured at work on X. X was at work, X. Pain traveled down into X legs worse on the left. There was associated numbness and tingling. The diagnosis was lumbar disc prolapse with radiculopathy. On X, X was evaluated by X, MD for follow-up visit for low back/ spine pain. X sustained an X. X had significant severe back pain, difficulty with lifting and physical activity as well as walking and prolonged standing. X had pain traveling in X legs with associated weakness and numbness. Based on the severity of the stenosis and the imaging findings, surgical intervention was recommended at the prior evaluation; however, there were disputes regarding the diagnosis and treatment options. Since X evaluation X had an Independent Medical Exam and apparently had some disability payments, but X was returning to work with restrictions against lifting greater than X pounds, bending or twisting at the time pending X further treatment. On examination, weight was 260 pounds and body mass index (BMI) was 36.3 kg/m2. Physical examination revealed X was overweight. X revealed X. X on the right revealed X. The ankle and knee reflexes were X (1). Dr. X noted that given the symptoms of X. X had symptoms of back pain and radiating lower extremity pain consistent with X. This was a X. This injury was directly as a result of the work injury. Given the severity of X stenosis and the associated inguinal/groin numbness as well as the failure of improvement with approximately X months of X. X was recommended in the form X. Dr. X did not believe an X. Although it may relieve some of X nerve symptoms, X would develop X. This would result in X. Therefore, there was X. This necessitated X. The surgical plan was for a X. On X, X was evaluated by Dr. X for follow-up of X lower back. X continued to work and continued to have severe pain. X endorsed numbness in X groin and on X left leg. X endorsed severe pain and reported that X could not lift much heavy weight and X had episodes of intractable stabbing pain. X took occasionally X to help with X symptoms. on examination, X was overweight. X had a X. X on the right showed X. X showed right and left ankle reflexes diminished at X, right and left knee reflexes diminished at X. Sensation on the right showed decreased X X. It was noted that X had a history of a X for work-related injury with a new injury on X, and when X was pulling a heavy disposable

with sudden onset of back pain and left leg pain with associated numbness, tingling, and right groin pain and tingling. MRI demonstrated an X. Given the symptoms of X. Dr. X opined that X required surgical intervention and awaited arrangement of the independent review. The assessment was X. An MRI of the lumbar spine dated X revealed at X. The X was partially effaced. The X itself was X. There was moderate compromise of the left and right X. These changes were seen on the edge of the film. At the X level, there was moderately X. There was X present. The X was X. The X itself was X. There was moderately severe compromise of the left and right X. There was also X. This likely resulted in at least X. Detail was partially limited due to X. At the X, X
were in place across this level. The X remained widely X. The X appeared X. At the X, there was X. The X was widely X. The X appeared X. At the X, there was prior X. There had been prior X. The X was X. At the X, there was X. The X was X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The requested surgical procedure is not medically necessary. While the medical records do demonstrate X. In addition, a presurgical psychological evaluation has not been performed. As such, the Guidelines have not been met. Therefore, the requested X is denied. "In this case the claimant presents with X. The development of X. For this claimant, the imaging notes X. The claimant has not improved with prior conservative treatment to date and given the severity of the X noted on imaging studies, would not improve further without surgery. It would be appropriate to X. The records did not suggest any pertinent psychological history and the claimant has already undergone previous X and has a reasonable understanding of post-operative issues that could occur. The requested X is also reasonable for the procedures planned to allow for recovery and monitoring. Therefore, it is this reviewer's opinion that medical necessity is established for the requests and the prior denials are overturned. Removal of X as requested by Dr X at X is medically necessary and certified.

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

In this case the claimant presents with X. The development of X. For this claimant, the imaging notes significant X. The claimant has not improved with

prior conservative treatment to date and given the severity of the X noted on imaging studies, would not improve further without surgery. It would be appropriate to X. The records did not suggest any pertinent psychological history and the claimant has already undergone previous X and has a reasonable understanding of post-operative issues that could occur. The requested X is also reasonable for the procedures planned to allow for recovery and monitoring. Therefore, it is this reviewer's opinion that medical necessity is established for the requests and the prior denials are overturned. Removal of X is medically necessary and certified.
Overturned

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)**