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Notice of Independent Review Decision

Amendment X

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X worked as a X. X was in the X. X reported instant pain to the lower back. The diagnosis included X of lower back, lumbar sprain and low back strain. On X, X was seen by X , DO for pain evaluation and treatment. X chief complaints were X. Since X injury, X had an intense pain, despite appropriate physical therapy, rehabilitation and numerous treatment options. X ultimately underwent an MRI of the lumbar spine on X, which indeed showed a X. Furthermore, there was a X. This could be referred to as posttraumatic, as X never had any previous history of back pain or lumbar injury. X described X. X was getting minimal relief with a combination of NSAIDs and muscle relaxers. X was worried about X. X CESD showed X. X risk for X was X. X was X. X was X. X intake urinalysis was X. Examination showed X had moderate X. No X was elicited. X had X. No X was elicited. The assessment included X. X was recommended. However, the X may also be in X. X wanted to proceed with X. X was expressing X. Dr. X opined that was reasonable. X was asked X .X had a follow up with Dr. X on X for X ongoing complaints. X continued with X. X was otherwise healthy. X had exhausted physical therapy and rehabilitative care. X was X. X showed moderate X. As a result, X was requested. X would be at X. As a result, X was recommended and X insisted that X did not want to “help me” with the procedure. In the meantime, X had exhausted all therapy. X got some relief with the X, which was consistent with X. That day, X rated X pain as X. X walked with an X. Furthermore, X had a X. Dr. X explained, they would start with treatment at the X. Otherwise, X may be needed in the

future. X was recommended. X was recommended avoiding X. Continued rehabilitative care with Dr. X was advised. An X of the X spine dated X revealed X. There was X. A X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, DO, the request for X between X to X was denied. Rationale: “While the injured worker qualifies for an X. X has no major medical issue and no psychological overlay to require sedation for this procedure. There was no agreement for modification so the entire request is non-authorized. The request for X is not medically necessary.” Per a reconsideration review adverse determination letter dated X by X, MD the request for X between X to X was non certified. Rationale: “There is no medical need for X . It is unclear why X by the requesting physician is not an option; therefore, the request is not medically necessary.” Based on review of the provided records, including imaging interpretations, provider notes, and peer reviews, the claimant appears to be a candidate for X. However, the records do not support X. The provider indicates the claimant is at risk of X. However, these issues are unlikely to be X. The provider also indicates the claimant suffers anxiety. However, it is unclear why X went from X to X. This could indicate psychological issues that may benefit from further intervention. But there is no indication the claimant is unable to X if concerns for X are significant. As such, the request is partially overturned and X is medically necessary and partially overturned

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

Based on review of the provided records, including imaging interpretations, provider notes, and peer reviews, the claimant appears to be a candidate for X. However, the records do not support X. The provider indicates the claimant is at risk of spinal headache or muscle spasm.

However, these issues are unlikely to be X. The provider also indicates the claimant suffers anxiety. However, it is unclear why X went from X to X. This could indicate psychological issues that may benefit from further intervention. But there is no indication the claimant is unable to X if concerns for X are significant. As such, the request is partially overturned and X is medically necessary and partially overturned

Partially 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

☐ 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

☐ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL