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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. The biomechanics of the injury was not available in the provided records. The diagnosis included chronic pain syndrome, past history of procedure, post-laminectomy syndrome and long term current use of opiate analgesic drug. On X, X was seen by X, PA-C / X, MD for pain management visit. X reported radiating back pain. X was initially injured at work in X. At that time, X underwent X. X subsequently underwent a X. X had improvement in X radicular pain though had been afflicted with chronic axial back pain. X reported that X back pain continued to fluctuate depending on activity levels, etc. X continued to have lower back pain with intermittent radiating pain down X legs, worse with prolonged standing and walking. Unfortunately, X have offered little relief. X continued to decline X. X was taking X. Pain was described as aching, tingling, shooting and burning. At the time pain was rated as X, at worst it was rated as X. Pain relief with ongoing X. Alleviating factors included massage, heat therapy, relaxation, distraction, opioids and needle. Aggravating factors included movement, stress, prolonged standing and walking. On examination, blood pressure was 110/80 mmHg, weight 239 pounds and body mass index 35.3 kg/m². X was noted. X used a X. X was decreased and pain reproduced with X. X was wearing a X. X was recommended to continue X. X were prescribed. Treatment to date included X. Per a peer review report dated X by X, MD, the request for X were all not medically necessary. Rationale for denial of X: "The request for X was not medically necessary. As noted in ODG's Chronic Pain Chapter X. Here, however, the attending provider failed to furnish a clear or compelling rationale in favor of the decision to X. Therefore, the request for X is not medically necessary." Rationale for denial of X: "The request for X was not medically necessary. While ODG's Chronic Pain Chapter X. Here, however, the claimant's primary pain generator, the low back was not a superficial issue easily or readily

amenable to X. Therefore, the request for X is not medically necessary.” Rationale for denial of X: “The request for X, was not medically necessary. As noted in ODG's Chronic Pain Chapter When to Continue X. Here, however, the claimant's work status was not explicitly detailed on the date in question. The activities of daily living as basic as standing, walking, moving, and bending remained problematic. The claimant was using X. The claimant had seemingly developed X. The attending provider failed to outline substantive improvements in function (other than minor, unquantified improvements in positional tolerances) achieved through prior care. The continuation of X was not indicated in this context. Therefore, the request for X is not medically necessary. However, due to the nature of this medication, X is recommended. “Per a peer review report dated X by X, MD, the request for X. Date: X was not medically necessary. Rationale: “The claimant is a X with a date of birth of X, and a date of injury of X. The injury is very remote and the duration of being prescribed this medication is not known. Given the advanced age of the claimant, routine long-term X is not recommended. Additionally, X is not medically recommended given that the harms outweigh the benefits. Given that the claimant has X not medically recommended. Therefore, X: X is not medically necessary. However, due to the nature of this medication, weaning is recommended. “Thoroughly reviewed provided records including peer reviews. Patient with chronic pain issues with occasional acute flare ups. Patient does appear to respond to X. X also gets some benefit from X. Given prior success with these medications to help X function, the requests for X appear warranted warranted. However, use of X is medically necessary and certified. 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:

Thoroughly reviewed provided records including peer reviews. Patient with chronic pain issues with occasional acute flare ups. Patient does appear to respond to X. X also gets some benefit from X. Given prior success with these medications to help X function, the requests for X appear warranted. However, use of X such as X is only indicated when X is unsuccessful or using X is medically necessary and certified. X is not medically necessary and non certified

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**
- 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)