I-Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 IR
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 790-2280
Email: @i-resolutions.com

Notice of Independent Review Decision
Amendment X

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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X was X. The diagnosis was lumbar radiculopathy. X was seen by X, NP /X, MD on X for right buttock pain. The pain was described as X. X rated the ongoing pain level as X and stated it was improving. The pain was X. X did not have pain in the morning; as the day progressed, X started to feel pain. X had more pain with X. The onset of pain was X. Alleviating factors included X. Aggravating factors included X. X had tried X. X reported X had pain relief with X. On examination, X had an X. X was noted. The right ankle reflex was X(1). There was decreased X on the lateral leg and dorsum of the foot (L5). A PROMIS Scale v1.2 Global Physical Health Raw Score was X. A PROMIS Scale v1.2 Global Physical Health T-Score was X. A PROMIS Scale v1.2 Global Physical Health Standard Error was X. A PROMIS Scale v1.2 Global Mental Health Raw Score was X. A PROMIS Scale v1.2 Global Mental Health T-Score was X. A PROMIS Scale v1.2 Global Mental Health Standard Error was X. It was noted that X was status X on X with X relief. X was complaining of X at the time. X took X. On examination, the X was X. X was X. There was X. X reflexes were noted with the exception of X. Treatment plan was to proceed with X. An MRI of the lumbar spine performed on X, was reviewed on X and showed X. There was X noted at X. There was X. There was X. Treatment to date included medications (X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “The provider is requesting a re-review of review X. Multiple phone calls to the provider for additional information went uncompleted. No documentation supporting the medical necessity for X was provided. Regarding X, the Official Disability Guidelines recommend X. No more than X. X should be administered using fluoroscopy (live x-

ray) and X for guidance, X is recommended for X. The prior non-certification was warranted. While the claimant had a clinically significant response to the X. This is an all-or-nothing jurisdiction. Based on this, the prospective request for X is non-certified." Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X was denied. Rationale: "Regarding the request for X. X should be administered using fluoroscopy (live x-ray) and X. X is not generally recommended. When required for X, a patient should remain alert enough to reasonably converse. Proceeding with the request for X. Medicals revealed that the claimant had X benefit from the X on X. However, there was no documentation of functional improvement and duration of efficacy from the X. Therefore, the appeal request for X is non-certified." Patient with symptoms of lumbar radiculopathy for which eventually underwent X. Unclear duration of pain relief and how much functional improvement the patient may have had from this X. Documentation in note on X says "X relief to date X." This could indicate that the patient continues to have pain relief but then it is unclear why the provider is requesting another X. Provider also has no explanation as to why X is requesting additional X. Last, there is no documentation, even subjectively to indicate that patient may have X. Request is not warranted. Prospective request for 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:

Patient with symptoms of lumbar radiculopathy for which eventually underwent X. Unclear duration of pain relief and how much functional improvement the patient may have had from this X. Documentation in note on X says "X relief to date X." This could indicate that the patient

continues to have pain relief but then it is unclear why the provider is requesting another X. Provider also has no explanation as to why X is requesting additional X. Last, there is no documentation, even subjectively to indicate that patient may have severe X. Request is not warranted. Prospective request for 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)**