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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 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 stated the mechanism of Injury was that a X. The diagnoses were lumbar radiculopathy and degeneration of lumbar intervertebral disc. On X, X was evaluated by X, NP /X, MD for a follow-up visit for lumbar radiculopathy. Lumbar spine pain radiated to the right lower extremity (RLE) (lateral and anterior thigh, medial knee); bilateral lower extremity (LE) radiation (bilateral foot); and bilateral low back pain (LBP). The pain was characterized as X. The ongoing pain level was X. The pain was worsening and interfered with sleep and work. Alleviating factors included X. Aggravating factors included X. Associated symptoms included X. X had X weeks of X. On examination, X blood pressure was 110/70 mmHg and weight was 155 pounds. X rated pain X. Physical examination revealed X was unable to perform X. X had X. Lumbar spine examination revealed X. Range of motion revealed pain at X. Motor strength was X. Bilateral knee reflex and bilateral ankle reflex were X. Seated straight leg raise (SLR) test was X. X presented for results. On examination, X radiculopathy was seen, worse on the right than the left; X radiculitis, and X. X complained of low back pain with right lateral leg pain. X had failed X weeks of conservative treatment within X months including X. X was recommended. An MRI of the lumbar spine dated X revealed at X level, there was X. The finding resulted in X. At X level, there was X. At X level, X. A X imaging of the lumbar spine dated X demonstrated X. There was moderate right X. There was X. Treatment to date included X. On X, X, MD performed a peer review and opined that based on the review of the available medical record and the description

of the incident, the alleged work-related incident was a substantial factor in bringing about the injury. X bent down in a twisting movement during the incident, and subsequently had immediate lower back symptoms and was unable to stand up straight. X sought care the day of the incident and the examinations documented by the provider and the physical therapist were consistent with an acute injury. The current compensable diagnosis was lumbar back strain and lumbar radiculopathy. This was based on history, provided, documented physical examination, and MRI findings. Regarding any ordinary disease / conditions, X suffered from X. These findings were seen on the MRI spine performed on X. The work-related incident was a physical factor which contributed to the worsening of pre-existing age-related changes in the lumbar spine. The incident temporarily worsened age-related lumbar spine changes, leading to lumbar radiculopathy. Based on EBM and the ODG, this condition was estimated to last between X and X days, with an average of X days. The work-related event was unlikely to contribute to a permanent worsening of the preexisting condition. In all medical probability, the ongoing complaints were directly related to the alleged work-related incident. The physical examinations documented immediately after the incident show X. Because of pre-existing age-related changes in the lumbar spine, symptoms of lumbar radiculopathy were triggered by the event. The ongoing treatment had been related to the compensable injury was consistent with the ODG. This included the X. Additionally, an MRI of the lumbar spine was indicated given persistence of radiculopathy. Physical therapy was indicated for X visits over X weeks. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Per ODG Low Back guidelines regarding criteria for X, "Radiculopathy must be well documented, along with objective neurological findings on physical examination. Acute radiculopathy must be corroborated by imaging studies and when appropriate, electrodiagnostic testing, unless

documented pain, reflex loss, and myotomal weakness abnormalities support a dermatomal radiculopathy diagnosis. A request for the procedure in a patient with chronic radiculopathy requires additional documentation of recent symptom worsening associated with deterioration of neurologic state." In this case, there is no documented evidence of neurological deficits corresponding to X radiculopathy on physical examination. Per the peer conversation, it was said that the decision for the X was based on the distribution of pain and imaging findings, but no focal deficits corresponding to X were identified. As such, the request for a X is not shown to be medically necessary. Therefore, the request is denied. "Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The Official Disability Guidelines conditionally recommend X. On X, the claimant was seen for a follow up visit and reported pain in the low back with radiation to the right lower extremity in the lateral and anterior thigh and medial knee, and bilateral feet, with weakness and numbness. The pain level was X and interfered with work and sleep. The pain was aggravated with X. The claimant reported X. The claimant had X weeks of X. On the exam, the claimant had an X. There was tenderness to palpation of the paraspinal muscles bilaterally and midline on the left. Lower extremity strength was X bilaterally. Knee and ankle reflexes were X. Sensation was X. There was X. Lumbar MRI dated X findings:X;X. Mild X. Facet arthropathy. Concentric X. No significant X. No X. Lumbar X; disc X. Irregularity, facet arthropathy. Uncinate spurring. Broad-based X. Findings result in X. This request was previously reviewed and denied as there is no documented evidence of X. Per the peer conversation, it was said that the decision for the X was based on the distribution of pain and imaging findings, but no X. While there is documentation for low back pain, there is no objective documentation for radicular symptoms on the exam findings as recommended per guidelines. Partial certification is not permitted in this jurisdiction

without peer-to-peer discussion and agreement. As such, the request for an X is noncertified. Lumbar MRI dated X findings:X; disc X. Mild X. Facet arthropathy. Concentric X. No significant X. No X. Lumbar X; disc X. Irregularity, X. Uncinate X. Broad-based X. Findings result in mild X. No X. This request was previously reviewed and denied as there is no documented evidence of X. Per the peer conversation, it was said that the decision for the X was based on the distribution of pain and imaging findings, but no X. While there is documentation for low back pain, there is no objective documentation for radicular symptoms on the exam findings as recommended per guidelines. Partial certification is not permitted in this jurisdiction without peer-to-peer discussion and agreement. As such, the request for an appeal of X is noncertified. “Thoroughly reviewed provided records including clinical notes, imaging interpretations, and peer reviews. Per the cited ODG criteria from peer reviews, the patient does meet criteria for requested X. The patient has pain in the X. The patient X. However, there is no documentation of any exceptional reason why patient needs X. X is medically necessary and certified

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

Per the cited ODG criteria from peer reviews, the patient does meet criteria for requested X. The patient has pain in the X. The patient X. However, there is no documentation of any exceptional reason why patient needs X. X is medically necessary and certified

Overtured

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