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Notice of Independent Review Decision
Amendment X
Amendment X

IRO REVIEWER REPORT

Date: X; Amendment 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 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 in a work-related accident on X. X was the X. X was X. This caused X to X. The diagnosis was lumbar myalgia, low back pain, lumbar facet joint pain, other intervertebral disc disorders of lumbar region, pain in right hip, pain in left hip, sacroiliac joint pain, injured in X and chronic pain due to trauma. Per a Designated Doctor Examination dated X completed by X, MD documented that the purpose of examination was to determine maximum medical improvement and impairment rating. X was injured on X, when as the X. X sustained injuries to neck, lower back, and both hips. On examination, X did say X had some X due to the fact that X could not work. Lumbar spine examination revealed X. X revealed extension to X degrees and right rotation to X degrees with pain X revealed flexion to X degrees, extension to X degrees, right and left rotation to X degrees. X were X. X examination revealed X. The assessment was lumbar strain, contusion of right and left hip and cervical strain. In conclusion, Dr. X stated that the injured employee had not reached Maximum Medical Improvement (MMI) for the compensable condition. Dr. X recommended that X complete X treatment with X. X was currently undergoing X. X had one course of X, and this did seem to help. X did have a staged treatment plan. X had what X called a diagnostic X, which did help X for about a day. Dr. X recommended that the treatment plan outlined by the X be completed. Dr. X did not recommend X. The estimated MMI date would be X which would allow a course of X to be completed and to determine if these interventions were effective. X had not reached maximum medical improvement, and therefore, an impairment rating was unable to be provided. On X, X was seen by X, MD for a follow-up visit. X stated that X pain was between a X located in the lumbosacral region with some referral into the right posterior leg to the knee. X pain was worsened on extension and prolonged standing. The pain had been waking X up at night preventing continuous hours of rest. X was only getting about X hours of sleep per night and X reported that it was changing X personality as X was more " X. This was affecting X. X presented following X. The relief lasted until the next morning. X reported X had X pain relief in the first X hours overall. X was the X. X was X. This caused X to X. X reported that X did not anticipate X. X was X. X did not report a X. X was referred for pain related to X accident. The symptoms started after the accident. The primary pain was located in the lumbosacral region, bilateral hip region and described as aching, shooting and constant. Regarding

radiation, when X laid on X sides at night, X got radiating pain from the lateral hips to the side of the knee. At the time, the pain was rated X and at worse was a X. Exacerbating factors included X lower back hurts most on flexion, extension and prolonged sitting or standing. X had to alternate positions. X had to slouch onto the cart at a grocery store to tolerate ambulation. Relieving factors included resting. X stated that since the accident, X was unable to return to work since X due to the pain X experienced on numerous prolonged postures. At the time, X was treating the pain with X. On examination, X had a X. Lumbar spine examination revealed X.X. was X. X was X. On assessment, regarding X lumbar spine, this history, symptoms and signs support a diagnosis of myofascial pain / muscle spasm and axial lower back pain secondary to lumbar facet syndrome / disease. The differential diagnosis also included lumbar radiculitis, lumbar discogenic pain and referred sacroiliac joint pain. Clinically, X continued to have signs of overlapping pain generators including signs of facet mediated pain (most prominent, pain on extension, and facet loading). X MRI showed X. There were X. A high intensity zone was noted at X. X did well with X. X was a good candidate for X. An MRI of lumbar spine dated X revealed X. It would require correlation with plain films to be certain of the numbering sequence. There was a X. Within this X. There was X. X-rays of the lumbar spine dated X was unremarkable. X-rays of the cervical spine dated X revealed 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 Official Disability Guidelines would support a X. Progress notes for this claimant dated X include continued complaints of back pain despite treatment with X. However, this progress note states that there are X. However, the physical examination on this date was X. Specifically, there are no signs of X. Absent these correlating examination findings, this request for X is not supported. Recommend non-certification. "Per a reconsideration / utilization review adverse determination letter dated X, by X, MD, the request for X was denied. Rationale: "Official Disability Guidelines conditionally recommends X. Guidelines indicate X. Progress note dated X indicated the claimant has had X. Physical examination of lumbar spine noted X. While the claimant had a X. Therefore, the request of X is non-certified The requested X is not medically necessary. The most recent evaluation on X does demonstrate that there is pain with extension. However, the examination also demonstrates that there is a X. In addition, the submitted medical records demonstrate a diagram whereby the patient outlines pain which

radiates into the right leg. The guidelines do not support the request. 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:

The requested X is not medically necessary. The most recent evaluation on X does demonstrate that there is pain with extension. However, the examination also demonstrates that there is a X. In addition, the submitted medical records demonstrate a diagram whereby the patient outlines pain which radiates into the right leg. The guidelines do not support the request of a 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)