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Notice of Independent Review Decision

IRO Reviewer Report

X, amended X

IRO Case #: X

Service Requested: X

Reviewer Qualifications: X.

Review Outcome:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

INFORMATION PROVIDED TO IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X with a diagnosis of M54.16 radiculopathy, lumbar

region, and Z98.1 arthrodesis status. The request is for the X.

The request was previously denied stating: X is appropriate when X: (1) X(2) X(3) X(4) X(5) X(6)X. The member complains of low back pain. The member had an X. On examination, there is decreased range of motion (ROM) of the X. There is X strength in the bilateral transverse abdominal (TA), extensor hallucis longus (EHL), and gastrocnemius soleus (GS). Magnetic resonance imaging (MRI) L-spine was obtained on X. In this case, there is no contraindication to proceed with a X. The member previously had a X. The guidelines have not been met, and X is not medically necessary.

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

The requested X is not medically necessary. A prior X. The submitted medical records do not indicate a X. The submitted records indicate the presence of an X. This surgical hardware would not necessarily need a X. In fact, a X, which was obtained after X, and no confounding artifact was noted. Furthermore, the medical records indicate the need for a X. However, there is no indication of the type of surgery being requested and/or the suspected pathology whereby X would be required. No new information has been provided which would warrant the medical necessity of the requested X.

Therefore, the request for the X for the diagnosis of M54.16 radiculopathy, lumbar region, and Z98.1 X is not considered medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE
SCREENING CRITERIA OR OTHER CLINICAL BASIS
USED TO MAKE THE DECISION:**

ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES