

IRO Certificate No X

Notice of Workers' Compensation Independent Review Decision

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now X. Magnetic resonance imaging (MRI) of the thoracic spine completed on X revealed findings of mild bilateral facet joint arthropathy at X. MRI of the lumbar spine completed on X revealed findings of X.

Progress report dated X reported the claimant was seen for ongoing complaints of pain. Examination noted decreased cervical and lumbosacral range of motion with facet tenderness at the X and X levels as well as palpable spasms in the X facets bilaterally on palpation. Treatment plan was for X.

Prior review dated X reported the requested procedures were denied as guidelines did not support X.

Progress note dated X reported the claimant had complaints of X pain. Previous treatment included multiple sessions of therapy. Physical examination noted approximately X decrease in lumbosacral range of motion with X motor strength, negative straight leg raise, and intact sensation. There was X. The claimant was diagnosed with sprain/strain of the cervical, thoracic, and lumbar spine. Treatment plan was for appeal of X. The claimant was also recommended for X.

Prior review dated X reported the requested procedures were denied given lack of confirmatory findings on imaging or examination regarding the cervical and lumbar spine as well as lack of guideline support regarding the thoracic spine.

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

Official Disability Guidelines states that X are recommended when there is signs and symptoms consistent with facet joint pain. Sedation is not recommended and can only be considered for extreme patient anxiety.

In this case, the documentation does not include sufficient clinical findings consistent with facet mediated pain at the requested cervical facet levels. Furthermore, the request for X would not be supported. Given the above, the request for X is not medically necessary and is non-certified.

Official Disability Guidelines states that X are not recommended in the thoracic spine. X is not recommended and can only be considered for extreme patient anxiety.

In this case, the documentation does not provide sufficient clinical findings consistent with facet mediated pain at the requested thoracic facet levels. Furthermore, the request for X would not be supported. Given the above, the request for X is not medically necessary and is non-certified.

Official Disability Guidelines states that X are recommended when there is signs and symptoms consistent with X is not recommended and can only be considered for extreme patient anxiety.

In this case, the provided documentation does not indicate sufficient clinical findings consistent with X. Furthermore, the request for X would not be supported. Given the above, the request for X not medically necessary and is non-certified.

SOURCE OF REVIEW CRITERIA:

- 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
- 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)

REVIEW OUTCOME:

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)