Core 400 LLC
An Independent Review Organization
3616 Far West Blvd Ste 117-501 C4
Austin, TX 78731
Phone: (512) 772-2865
Fax: (512) 551-0630
Email: @core400.com

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 Overtuned Agree in part/Disagree in part

☒ Upheld Agree

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X hurt X when X was getting out of the X. The diagnosis included intervertebral disc disorders with radiculopathy of lumbosacral region, lumbar radiculopathy, other spondylosis with radiculopathy of lumbar and lumbosacral region, chronic pain syndrome and other long term (current) drug therapy. X was seen by X, MD on X for pain in X low back. X was referred by Dr. X for evaluation / treatment of X lumbar pain and was recommending a X. X stated X hurt X when X was getting out X. X stated the pain in X low buttock region on the right side that radiated down the back of leg. X also had some pain going into X. Examination showed lumbar paraspinal muscle spasms bilaterally. X were refilled. Based on X imaging results, symptoms and physical examination, X was recommended. X was to obtain clearance from Dr. X to be X. X would be started on X was cleared from X cardiologist. On X, X was seen by Dr. X for medication refill. X rated X pain a X. X stated that X pain was managed with X ongoing medication regimen. X stated the pain was in X low buttock region on the right side that radiated down the back of leg. X also had some pain going into X area. X stated X would like to schedule an "X" once worker's compensation and cardiology clearances have been obtained. Examination showed blood pressure was X mmHg, weight 250 pounds and body mass index 34.86 kg/m2. X were refilled. X was advised that once X had Worker's compensation approval and cardiac clearance X would be scheduled for the X. An X of the lumbar spine dated X was noted. Minor bilateral neural foraminal stenosis was noted at X and X. There was moderate central canal stenosis with mild bilateral neural foramen narrowing at X. Mild bilateral neural foraminal stenosis was noted at X. Disc protrusion with a X mm extruded disc fragment with superior migration on the left and moderate to severe right and moderate left neural foraminal narrowing with impingement exiting right X was noted. Treatment to date included medications. Per a Peer Review Report dated X by X, DO, the request for X was not medically necessary. Rationale: "Based on the documentation provided and per the guidelines, the request is not considered medically necessary in this case. Though the claimant has a history of low back

pain with subjective radicular symptoms, there were no documentation of reproducible findings on examination. Therefore, X is not medically necessary. "Per another Peer Review Report dated X by X, DO, the request for X was not medically necessary. Rationale: "X now has radiculopathy on exam and on X. However, the MD did not indicate if X had PT or other conservative treatment and X needed cardiac clearance to allow the X to happen so at this point it is denied. Therefore, the request for X is not medically necessary. "Thoroughly reviewed provided documentation included provider notes, imaging findings, and peer reviews. Patient with symptoms consistent with lumbar radiculopathy around X along with imaging findings correlating with presentation of pain. Patients with X without alarm signs or symptoms are typically treated primarily with physical therapy and certain pain medications. If has failure of this conservative management then pain can sometimes be alleviated with spine interventions such as X. No documentation of prior physical therapy attempted thus X is not indicated based on ODG criteria cited by peer reviews as well as standard of care. 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 consistent with X around X level along with imaging findings correlating with presentation of pain. Patients with X without alarm signs or symptoms are typically treated primarily with physical therapy and certain pain medications. If has failure of this conservative management then pain can sometimes be alleviated with spine interventions such as X. No documentation of prior physical therapy attempted thus X is not indicated based on ODG criteria cited by peer reviews as well as standard of care. 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**

☐ **TEXAS TACADA GUIDELINES**

☐ **TMF SCREENING CRITERIA MANUAL**

☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**