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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 on X. X reported X was at work and was trying to X. X continued working that day but pain progressively got worse during the day and the next morning, X had difficulty getting out of bed and difficulty walking. The diagnosis was sprain of ligaments of lumbar spine. X was re-evaluated by X, MD on X with respect to a work-related injury on X. X reported X was still about the same, X pain. X was able to do X of the job. X was working full duty. Standing and sitting made the pain worse. X was following the treatment plan, which had helped the radicular pain, but the back was just hurting. Six physical therapy sessions and home exercise did help. X had just had an X which helped X. X was denied for X. X had MRIs. On examination, flexion, extension, and rotation of the lumbosacral spine were decreased by X. X was noted at X bilaterally with X spasms as well. The assessment was lumbar sprain / strain. Dr. X would like to perform bilateral X, and if this was successful, X with X. It was noted that X had mainly X at the time. They would also appeal the denial of the X. X was to follow-up in a month. Dr. X noted that X had reached a point in the treatment plan where the determination was to now proceed with an X. The decision was based upon the complex nature of the injury, how it was impacting X bodily function, as well as the fact that they had X. At that stage, X would require X in order to retain / regain X bodily function and process toward pre-injury functionality. X had elected to proceed with the X. An MRI of the lumbar spine dated X revealed the following findings: At the X level, there was a X. At the X level, there was a X. At the X level, there was X. There was X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “This is non-authorized. The request for X is not medically necessary. Recent treatment note X. Recent treatment note X. Guidelines do not recommend general use of X. Guidelines indicate X. The duration of the last X. Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “This is non-authorized. The request for Appeal X is not medically necessary. Based on the documentation provided and per the guidelines, the requested X is not

recommended at this time. Though the injured worker has a history of X. X was X, X was X. As such the request is not recommended in this case." Thoroughly reviewed supplied documentation including peer reviews. Patient diagnosed as lumbar sprain/strain for which X. X are indicated for X. Though provider documents that treatment plan has "helped the radicular pain", there are no subjective complaints of pain in X. On the other hand, the provider notes that patient "has had an epidural which helped X. Denied for X." Unclear what this could mean. In any case, the peer reviews are correct that the documentation does not meet minimum criteria to support X. 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 diagnosed as lumbar sprain/strain for which X. X are indicated for X. Though provider documents that treatment plan has "helped the radicular pain", there are X. On the other hand, the provider notes that patient "has had an X which helped X. Denied for X." Unclear what this could mean. In any case, the peer reviews are correct that the documentation does not meet minimum criteria to support X. 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

☐ 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