

## **Amended Notice of Independent Review Decision**

### **Amended X**

**IRO Case number:** X

### **Description of the services in dispute**

X

### **Description of the qualifications for each physician or 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:

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

### **Information provided to the IRO for review**

X

### **Patient Clinical History**

The claimant is a X diagnosed with chronic back pain syndrome associated work injury consistent with lumbar disk disruption X with right lumbar radiculopathy, mechanical back pain syndrome, myofascial pain syndrome lumbar spine in otherwise health, X, spondylosis of lumbar region, acute low back pain without sciatica, bulging lumbar disc, and degeneration of intervertebral disc of lumbar region.

MRI Lumbar Spine Without Contrast from X dated X had the following impression: "X as described above. Findings are most pronounced at X where there is a X."

Progress Notes from X dated X states, "X is a X who presents to establish case. Referred by Dr. X. Patient admits to acute onset of lower back pain on X when X was working and a 132lb wooden crate was dropped, with patient reaching to catch and break the fall of the box causing X to flex forward and to the left very quickly. Patient denies any radiation of pain into BLEs, numbness, tingling, or weakness. Symptoms exacerbate with bending of lifting over Xlbs. X rates X pain as X, Patient has pain constantly and admits it's worsening. The patient has not been able to return to work since that time due to the level of pain with severe impairment of ADLs and QOL. The patient has attempted X. The patient has not had X."

Follow Up Note from X dated X states, "The patient gives a work history, working for X. On X, lifting X-pound package with multiple unstable products inside. It slipped out of X hands. X tried to catch it, noticing a jerk in X back. Since this time, X had axial back pain, initially with radiating pain into X buttock and leg. Due to the persistent nature of X pain, X ultimately underwent X. MRI of the lumbar spine X, showed a X. X back pain is worse from getting up from a sitting position, sitting for prolonged periods of time, coughing and sneezing. X also has tightness across X lower lumbar spine. X feels like it is not all the time. X was referred here for consideration of interventional pain care. X has tried X. X does admit to a limping gait, admits sleeping loss and mood irritability. Pain related X. The risk for X. X spot X. X, X was X. The patient describes X pain as sharp shooting in nature anywhere from X."

Follow Up Note from X dated X states, "X continues to walk with an X, X has pain radiating down X right buttock and leg. X has a X sign as documented on my initial evaluation. X has decreased X. This is X. X has X. Unfortunately, the peer review doctor did not do their due diligence. The radicular component has been present ever since the initial injury. The patient has X. X is the standardized treatment approach for X. It is part of the ODG guideline. The fact that the patient has already responded favorably to our X. X is taking X. This is not somatic or visceral

pain, Doctor. This has been corroborated with X MRI, which shows X. X has a X. This pain has not gone away. This is an otherwise X, individual with every reason to get well in a timely manner. Further delays in X treatment will lead to X. The patient even had some weakness in the X. I discussed the above findings and recommendations with the patient. X is showing X. However, X wants to have this done as X feels X cannot go on, and X has difficulty sitting for prolonged periods of time. They gave a good work history for X. No heavy lifting of course could be entertained at this time due to X moderate-to-severe back pain, and we will go ahead and arrange for X. We spent extra time going over the peer review process, the peer review's inappropriate denial, and the fact that we will have to resubmit this in a timely manner. Any further delays in this treatment will lead to X. The Texas labor code specifically states patients are due treatment which ameliorates or relieves the natural compensable disease state. The treatment as mentioned is just that and hopefully this will get approved as soon as possible as X is highly motivated to get back to X former levels of activity both at home and at work. Currently, X pain scores are X to X, no longer X to X as X has already taken X here today. X does understand X needs to be X. In the meantime, X with Dr. X was advised.”

Denial Letter from X dated X states, “The appeal request for X is non-certified... Although a X may be reasonable to treat X. Although X is reportedly planned, the requested X. The request is not shown to be medically necessary. Therefore, the appeal requests for X is non-certified.”

### **Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision**

The claimant is a X with a diagnosis of chronic back pain syndrome stemming from a work-related injury. This condition is characterized by X. The request is for X.

An MRI of the lumbar spine without contrast conducted at X on X reveals the following findings: X, as described previously. The most significant findings are at X, where there is X.

While objective findings suggest the claimant may potentially benefit from an X. ODG recommends X. Therefore, it the professional medical opinion of this reviewer that the denial be upheld.

**Description and source of the screening criteria or other clinical basis used to make the decision**

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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