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## **Notice of Independent Review Decision**

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## **Notice of Independent Medical Review Decision**

### **Reviewer's Report**

**DATE OF REVIEW: 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. X.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This member is a X for whom authorization and coverage was requested for a X. The Carrier denied coverage for these services on the basis that these services are not medically necessary for treatment of the member's condition.

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

The Maximus physician consultant indicated that a review of the records indicated the member was being treated for X. Past medical history was positive for hypertension. Past surgical history was positive for X. Conservative treatment included X.

The Maximus physician consultant noted that the X magnetic resonance imaging of the X:

The Maximus physician consultant indicated that the X X: X.

The Maximus physician consultant noted that the X.

The Maximus physician consultant indicated that the X. The member noted that X legs get tired and heavy with standing/walking. The member has relief with bending at the waist against shopping carts. The member current pain is X out of X. The examination of the lumbar spine reveals X. There is a X. X is noted. There is pain with X. The treatment plan included imaging studies and X.

The Maximus physician consultant noted that the X neurosurgery report cited worsened pain compared to the last

office visit on X. The pain is sharp/shooting/burning pain in the low back that radiates to the bilateral lateral and posterior thigh that stops at the knee. The member has difficulty walking short distances because X legs get tired and heavy but improves when bending over a shopping cart and/or home furniture. The pain is rated at X out of X. The member reported a X. The examination of the lumbar spine reveals X. There is a X. X is noted. There is pain with X. The treatment plan included an X.

The Maximus physician consultant indicated that the X report of medical evaluation cited constant low back pain rated at X out of X that radiates down into the member's left lower extremity. The member received X which did improve X condition for a short period of time. The member continued to require the use of medication. The examination revealed X. The member has an X. X is noted X. There is a X. X are noted as X. X is noted on the left lower extremity. X is positive on the left at X degrees. The summary states that the member was in agreement with the previous designated doctor report regarding maximum medical improvement and impairment rating. Whole person impairment was rated at X.

The Maximus physician consultant noted that the X treating physician report cited lumbar spine pain that is constant, stiff, achy and radiates to the left lower extremity into the left foot. The pain is rated at X out of X. The examination revealed an X. There is X noted. There is a X noted on X. The treatment plan included medications.

The Maximus physician consultant indicated that the X treating physician report cited severe left hip pain that radiated to the left

knee and foreleg. The member cannot live with this pain. The pain is rated at X out of X in the lumbar, left hip, knee, foreleg, and dorsum of the left foot. The lumbar examination revealed a limited X noted on extension. X from X to X degrees causes back and left leg pain and X to X degrees causes right leg pain. X is decreased on the X. There is X in the left X. X are absent in the left knee and ankle and 1 in the right ankle. The treatment plan included X.

The Maximus physician consultant noted that as per Official Disability Guidelines (ODG), “I. Symptoms/Findings which confirm presence of X. Objective findings on examination need to be present. X, crossed straight leg raising and reflex exams should correlate with symptoms and imaging. Findings require ONE of the following: B. X, requiring ONE of the following:  
X”

The Maximus physician consultant indicated that the most recent examination did X. The examination also noted left hip, knee, foreleg, and dorsum of the left foot pain rated at X out of X.

The Maximus physician consultant noted that also, as per ODG, “II. Imaging Studies, requiring ONE of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. X:
  - 1. X”

The Maximus physician consultant indicated that there were updated imaging studies from X with magnetic resonance imaging of the lumbar spine demonstrating X: X.

The Maximus physician consultant noted that also, as per ODG, “III. Conservative Treatments, requiring ALL of the following:

AX

BX:

1. X
2. X
3. X

X”

The Maximus physician consultant indicated that the member has tried conservative measures including X. However, detailed documentation is not evident regarding any recent conservative treatment measures. The most recent examination from X states that the member is not taking any medications. Moreover, the attended X. The provided X on X was noted to have provided some benefit.

The Maximus physician consultant explained that the requested X does not meet the noted ODG guidelines as the conservative care modalities have not been recent. There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines.

Therefore, the requested authorization and coverage for X is not medically necessary for the treatment of the member’s condition.

**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 KNOWLEDGBASE**
- 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 JUDGEMENT, CLINICAL  
EXPERIENCE AND EXPERTISE IN ACCORDANCE  
WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE  
GUIDELINES**

- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:**  
Official Disability Guidelines, Low Back Chapter,  
Discectomy/Laminectomy For Low Back Conditions
- PRESSLEY 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)**