

Notice of Independent Review Decision

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 who was injured in X due to a work injury. The claimant was diagnosed with chronic pain, lumbar radiculopathy, myalgia/myositis, post-laminectomy syndrome, spasm, cervical radiculopathy, pain in thoracic spine, headache.

Follow Up Notes from X, NP dated X documents the claimant to have complaints of aching, cramps, and spasms.

Follow Up Notes from X, MD dated X documented the claimant to have complaints of cervical, thoracic, and lumbar pain. The objective notes states, "Cervical Spine decreased flexion and extension and spasms, reduced ROM, and tenderness on palpation; severe pain with motion, surgical scar present. Thoracic Spine spasms, reduced ROM, and tenderness on palpation; severe pain with motion. Lumbar/Lumbosacral Spine spasms, tenderness on palpation, and reduced ROM; severe pain with motion, surgical scar present."

Follow Up Notes from X, MD undated documented the claimant to have complaints of cervical, thoracic, and lumbar pain as well as bilateral hand pain. The objective documents tenderness and limited ROM, abnormal motor strength. Tenderness, swelling, and reduced ROM of bilateral hands.

The denial letter from X dated X denied X stating, "X are not recommended in the absence of myofascial pain syndrome. When this treatment is indicated, studies have not effectively demonstrated that X. The effectiveness of X. X alone may be responsible for some of the therapeutic response. The only indication with X. X are not recommended when there are radicular signs. Documentation in this case is X. Therefore, the request for X is not medically necessary."

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

The claimant is a X with a significant musculoskeletal (MSK) history, including decreased range of motion in the cervical spine, spasms in the thoracic region resulting in reduced thoracic spine mobility, as well as tenderness upon palpation. Additionally, the claimant exhibits lumbar-sacral spine spasms with associated tenderness upon palpation and reduced range of motion. The claimant has been diagnosed with multiple conditions, including chronic pain, lumbar radiculopathy, myalgia/myositis, post-laminectomy syndrome, muscle spasms, cervical radiculopathy, thoracic spine pain, headaches, and essential hypertension. It's important to note that this chart lacks documentation supporting the presence of X . Such findings would not align with ODG Criteria.

X, are considered medically necessary when all of the following general and specific criteria are met:

General Criteria

There is a regional pain complaint; and A neurological, orthopedic, or musculoskeletal system evaluation, which includes the individual's description of pain as it relates to location, quality, severity, duration, timing, context, and modifying factors, followed by a physical examination of associated X.

Specific Criteria

Pain complaint or altered sensation in the expected distribution of referred pain from A X:
Reproduction of clinical pain complaint or X .

Therefore, the denial is upheld as the requested service is not medically necessary.

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