

## Notice of Independent Review Decision

X:

**Date of Amendment:** 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 on X due to a X injury in the workplace. The claimant was diagnosed with Cervical facet injury and neck pain.

The claimant underwent X on X. Impression documents, 'X changes compared to previous study without X. No change in X views compared to neutral view.'

The claimant underwent MRI Cervical Spine on X. Impression documents, 'There is X. There is moderate X.'

The claimant underwent a X on X. The claimant was reported to have been treated with X. The claimant is documented to have been taking X.

Progress Note by X, DO dated X documented the claimant to have complaints of chronic cervical neck and lumbar pain. The Objective notes documents that, 'The Lumbar Exam shows the patient has lumbar flexion to X degrees, hyperextension to X degrees, lateral bending to X degrees and rotation to forward and backward X degrees. Pain is elicited with this range of motion (ROM). The patient has tenderness with triggering, tightness and spasm noted on the X. The Cervical Exam shows the patient has cervical flexion to X degrees, hyperextension to X degrees, lateral bending to X degrees, and rotation to forward and backward X degrees. Pain is elicited with this ROM. The patient has tenderness with triggering, tightness and spasm noted on the X.' The claimant was diagnosed with cervical facet joint and ligamentous injury from X. The plan documents for the claimant to continue X, X.

Progress Note by X, DO dated X documented the claimant to have complaints of severe and worsening pain. The Objective notes documents that, 'Cervical Exam shows the patient has pain with range of motion (ROM) testing in all planes, most notable with extension. The patient has tenderness to palpation in a the paraspinal muscles. Tension is felt on palpation bilaterally spanning from the occiput down to X. It is further documented X for both Left and Right, X bilaterally, and Upper Extremity Muscle Strength and Sensation resulted X and normal, respectively. Lumbar Exam shows the patient has painful ROM testing, tension felt on palpation bilaterally and resulted Positive Right and Left X. It is also documented that Lower Extremity Muscle Strength and Sensation resulted X and normal, respectively.' The claimant was diagnosed with cervical facet joint and ligamentous injury from X The plan documents for the claimant to continue with X.

Denial Letter dated X denied the request for X stating "The request is not medically necessary... However, there was no documentation detailing why a X is being requested at this point and how this would be helpful particularly since a X. Also, a X should be done with an evidence-based rehabilitation plan (e.g., graded therapeutic exercise, home exercise program, behavioral therapy, yoga) and this was not specifically documented for the requested X. As such, given these circumstances and the guidelines, there is no support for the request. 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**

X may be considered medically necessary for chronic cervical or lumbar neck or back pain in adults who are age 18 years or older as part of a comprehensive pain management treatment program when all of the following criteria are met:

- 1X
- 2.X:
- 3.X
- 4.X
- :
- 1. X
- 2. X
- 3.X.

The Criteria used to make the previous determination is standard of care for this procedure and is similar to ODG criteria. Yes, it could be medically necessary based on information provided to me; however, if there is further information such an MRI, more documentation after the X done on X regarding improvement or ADLs, etc. it could change/solidify whether this procedure is medically necessary or not. A X is deemed medically necessary

when the claimant can demonstrate a documented pain relief of at least X. However, it is important to note that no documentation supporting this criterion has been provided. Furthermore, consistent documentation reveals the claimant's diagnosis of cervical radiculopathy, for which X may not be considered medically necessary. Additionally, there is no documentation to support a minimum duration of three months of conservative therapy as part of the claimant's treatment history. Currently, it is determined that X 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