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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 Overtuned      Agree in part/Disagree in part
- Upheld      Agree

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X with a date of injury X. The mechanism of injury was identified as a motorcycle accident. X was riding on X when a car cut X off and hit X motorcycle on the right side, which threw X off X motorcycle and X hit another car to X left side and was thrown for another X feet. The diagnosis was sprain of ligaments of the lumbar spine, initial encounter (X) X was seen by X, MD from X through X. On X, X presented for a follow-up of thoracic, lumbar, and cervical spine complaints. X felt about the same sharp pain at X. It was constant and made worse by sitting and lying down. The symptoms were better by standing. No new symptoms were noted. X was following a treatment plan, but it was not really helping X. X had taken over-the-counter medications, and had undergone therapy. X did not have any injections. On examination, X blood pressure was 126/88 mmHg and body mass index was 33.6 kg / m<sup>2</sup>. The toe and heel walking was good. Flexion, extension, rotation, lumbosacral spine were decreased by X in all planes. Motor strength was X in the lower extremities. X was X. There were X. There was X. The assessment included X. Dr. X planned for an appeal of denial of X, as well as requested X. On X, X presented for a follow-up. X felt worse, and noted constant, worsening, and pin and needles pain at X. The symptoms were worse by sitting, lying, and standing. On examination, additional findings consisted of decreased deep tendon reflexes at X. There were X. On X, X presented for a follow-up. X complained of upper back, lower back pain, and neck pain. X was able to stand, sit, and walk for less than X minutes. The pain was rated at X. It was X at worst and X at best. X noted constant, burning, and sharp pain. The change in position alleviated the pain level. On examination of the lumbar spine, there was facet pain on spine rotation / extension /

flexion and palpation. Axial loading pain in the lumbar facet bilaterally at X was noted. The diagnosis was a sprain of ligaments of lumbar spine, initial encounter. Treatment plan was to proceed with a X. An MRI of the lumbar spine dated X showed no X. The X. There were X. At X, degenerative changes lead to X were identified. Treatment to date included X. Per a utilization review adverse determination letter dated X; the request for X was denied by X, DO. Rationale: "Official Disability Guidelines conditionally recommend X. On X, X presented follow-up on X. No new symptoms. X is following the treatment plan but is not really helping X. X has taken X. X showed flexion, extension, and rotation decreased by X in all places. X is negative bilaterally. X are noted. The X is unchanged. Thoracic pain on rotation and palpation of the X. Lumbar spine MRI dated X showed X. Guidelines do not recommend X. As such, the medical necessity has not been established for X. Per an adverse determination letter dated X; the prior denial was upheld by X, MD. Rationale: "Per the Official Disability Guidelines by MCG (ODG X are recommended prior to considering X. A diagnostic X is the preferred procedure to determine facet-mediated pain. No more X should be performed prior to X. Clinical presentation should be consistent with X. The claimant had worsening low back pain with throbbing and pins-and-needles increased with sitting and lying. There was a X. There were decreased deep tendon reflexes of X bilaterally. There were X. However, there was no evidence of X. As such, the medical necessity has not been established for X." Thoroughly reviewed provided documentation including imaging findings and peer reviews. Agree with initial review that patient may have X is a contraindication to pursuing X per the cited ODG criteria 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:**

Thoroughly reviewed provided documentation including imaging findings and peer reviews. Agree with initial review that patient may have some 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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- PRESLEY 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)**