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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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 Overturned Agree in part/Disagree in part

☐ Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X at work. The mechanism of injury was not available in the provided medical records. The diagnoses were post lumbar laminectomy pain syndrome with persistent radiculopathy, myofascial pain syndrome of the lumbar spine, and reactive depression and anxiety in a chronic pain state. On X, X was evaluated by X, DO for follow-up visit for X ongoing complaints. X expressed gratitude over the care through the years. However, over 9 months prior, X got X. Again, X reported more than X improvement of pain. It lasted almost nine months. X felt X pain was affecting X daily quality of life at the time. It was radiating and it was worse with flexion. As a result, X wanted to go ahead with X. On examination, X on the right was noted with right X. On assessment, X PMP was satisfactory. X oral medicines were refilled. X was showing no evidence of illicit drug use. The plan was to go ahead with X. On X, X was evaluated by Dr. X for a follow-up visit. X presented for continued care regarding X back, buttock, and left leg pain below the level of associated with lumbar disc disruption and chronic pain syndrome. Over 9 months prior, X got excellent relief with more than X improvement of pain, improved function, and increased activity levels. Unfortunately, X was denied this repeat procedure, which was acceptable for recurrent radiculopathy under the ODG. Specifically, X stated X was able to walk faster, X was able to sleep better, and X was able to move within X house attending activities of daily living with greater ease such as lifting up baggage, food packages, etc. At the time, X felt the pain was escalating, and they were trying to eliminate X use of narcotic analgesia. X pain scores were X; requiring X in conjunction with

neuropathic pain medicine in the form of X. On examination, X had a X on the left with moderate left X. Dr. X would resubmit for X as X had received this in the past with good result. X online psychiatric assessment showed X. An MRI of the lumbar spine dated X revealed that at the X, there was X. At the X, there was X. At the X, there was X. Recent imaging was not available for review. Treatment to date included back surgery in X, X, and X; medications (X); implantation of X in X with excellent relief of right back, buttock, and leg pain). Per a utilization review adverse determination letter and a peer review report dated X by X, MD, the request for X was denied as not medically necessary. Rationale: "The Official Disability Guidelines discusses X. X may be indicated in select situations when symptoms, examination findings, and diagnostic studies confirm a radiculopathy. X may be indicated based on specific documented functional benefits. In this case, the prior functional benefit of a X is largely subjective. The medical records do not document specific objective functional improvement. Moreover, the injured worker appears to have continued utilizing X; it is not clear whether the X had helped to reduce the X. For the above reasons, a X is not indicated. Moreover, if an X were indicated, an indication or rationale for the additional risk of X is not apparent. Overall, for these reasons, the request is not medically necessary and should be non-certified. "Per a reconsideration review adverse determination letter and peer review report dated X by X, MD, the appeal request for X was denied. Rationale: "Based on this reconsideration review, it has been determined that the requested medical treatment listed below does not meet established criteria for medical necessity therefore the original determination is upheld." "This is non-authorized. There is no documentation of deterioration of neurologic state for X chronic radiculopathy and evidence of active rehabilitation or continuation of home exercise program (HEP)."T horoughly reviewed provided documentation including peer reviews. Patient meets cited ODG criteria X. X had

improvement in pain and function for months directly attributed to X. Pain returned with exacerbation and thus provider requested additional procedure. Requested X is indicated. X is medically necessary and certified

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

Thoroughly reviewed provided documentation including peer reviews. Patient meets cited ODG criteria for X. X had improvement in pain and function for months directly attributed to X. Pain returned with exacerbation and thus provider requested additional procedure. Requested X is indicated. X is medically necessary and certified Overturned

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

☐ 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

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL