

**Independent Resolutions Inc.**  
**An Independent Review Organization**  
**835 E. Lamar Blvd. #394**  
**Arlington, TX 76011**  
**Phone: (682) 238-4977**  
**Fax: (888) 299-0415**  
**Email: @independentresolutions.com**  
***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 while working on X. X was X. The diagnoses were chronic back pain syndrome with lumbar disc protrusion at L4-L5 and L3-L4 with persistent left lumbar radiculopathy following work injury, secondary myofascial pain syndrome of the lumbar spine.

On X, X was evaluated by X, DO, for initial pain evaluation. X presented for evaluation of chief complaint of chronic persistent severe back, left buttock, and left leg pain below the level of the knee, associated with numbness, weakness, and tingling. On X, at work, X was X. At the time, X graded X pain as X, affecting X ability to sleep, walk or stand for prolonged periods of time. X admitted to limping and weight gain since X injuries. X had undergone X. Due to the persistent nature of X pain, X MRI of the lumbar spine dated X revealed was quite remarkable for a X. X described X pain as sharp, shooting in nature. X often had spasm in X buttock and leg with involuntary twitches. Pain related stress inventory showed X. X, X, showed X. Physical examination revealed X was in moderate distress. X did walk with an antalgic limping gait. The neuromusculoskeletal examination revealed X. X had positive straight leg raising sign on the left X degrees, contralateral X degrees on the right with reproduction of back pain. Moderate lumbar interspinous tenderness at X was noted. X had decreased pinprick in the X. No X was elicited. Deep tendon reflexes were X. On X, X was evaluated by Dr. X for follow-up evaluation. Dr. X assessed that X continued with moderate-to-severe back, buttock and leg pain. X did get excellent relief following a X. Unfortunately, X felt it was starting to return. X did have X would be expected. As a result, Dr. X was going to recommend a X. Daily walking, weight loss, exercise therapy and behavioral support in the meantime was encouraged. This would include X. X did have moderate lumbar interspinous tenderness. X pain was back up to X, albeit still significantly better than before. In the meantime, X PMP was satisfactory. Online psychiatry assessment showed X. On X, X was evaluated by Dr. X in a follow-up. Dr. X assessed that X continued to walk

with an antalgic limp and gait. X was rating X pain at X. X CESD showed moderate anxiety and depression associated with this injury. Dr. X stated, "We are recommending X. Unfortunately, the doctor who reviewed this case is imagining their prospective nowhere in our notes do we say "X" we have known that is never been the case, I recommended here for well over X years. We base X on response doctor not on anything routine as you suggested. Furthermore, you do X. In fact, patients with X. As a result, we often use a X as described by Dr. X well over X years ago. This is a time proven effective treatment used in interventional pain to secure better outcomes with longer duration of recovery. I had to spend extra time with this X going over the peer denial and why it was in my opinion inappropriately denied. Higher levels of care including X were also now discussed here today. This patient would be an excellent candidate for an X. However, I will perform that until X. This is a true interdisciplinary approach which in my experience based on evidence based medicine has proven time effectively helping patients regain recovery, lessening use of medications consistent with the wishes of the Texas Medical Board and consistent with the Texas Labor Code which states patients are due treatment which ameliorates or relieves the natural compensable disease state. We are trying to avoid the higher level of the care with a X not a "series" or "routine" as the doctor referred to. I am not sure the doctor's education, training or experience for making this denial, but we will resubmit once again for this treatment. Further levels of denial will only require higher levels of care. X wants straight pain relief. X is to X. We are trying to avoid opioids in lieu of the opioid epidemic. We will resubmit for X." On X, X was seen by Dr. X for follow-up evaluation. Dr. X assessed that X continued with moderate-to-severe axial back, buttock and leg pain. X was receiving X. At the time however, X felt X was doing better with sitting. X had minimal pain. Dr. X explained intermittent pain may be treated more effectively with interventional pain care in the form of X. X affect had improved. Although, X still showed a X. X was being followed for X. Dr. X explained that X was for pain only. If X did have X, Dr. X would be encouraging. In the meantime, X would continue X on X. Moderate X was noted. Dr. X did go over X IRO. Interventional pain care was effective in the past and Dr. X would recommend X. PMP was X. X was receiving X from Dr. X office only.

An MRI of the lumbar spine on X revealed X. At the X, there was a X, most

pronounced centrally, with X, moderate X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X and a peer review by X, MD, dated X, the request for X was denied. Rationale: "As per ODG, "Conditionally Recommended CR Recommended as an option; may be a first-line or second-line option..." Patient with X. PT post-operatively is not documented. MRI does not show X. X's had X. Patient on X. The patient says a X. In this case, there is X. Patient has X. Consideration should be given to X. Therefore, the request for X, is not medically necessary."

Per a reconsideration review adverse determination letter dated X and a peer review by X, MD, dated X, the appeal request for X was denied. Rationale: "Per ODG Low Back guidelines regarding criteria for X. Procedure performed X. Patient has had X. Procedure performed under X." In this case, X. ODG guidelines do not recommend X. Furthermore, although the claimant reported relief from a X. Therefore, the request for Appeal request for X is non-certified."

Thoroughly reviewed provided records including provider notes and peer reviews.

While patient has reported continued pain issues, the request for a X. Based on documentation in regards to X. Thus, a 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 records including provider notes and peer reviews.

While patient has reported continued pain issues, the request for a X. Based on documentation in regards to X. Thus, a 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:**

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE