

P-IRO Inc

Notice of Independent Review Decision

P-IRO Inc.

An Independent Review Organization

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Amendment X

IRO REVIEWER REPORT

Date: 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 Overturned Agree in part/Disagree in part

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Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. The mechanism of injury was not documented. The diagnoses were other intervertebral disc displacement, lumbar region and sprain of ligaments of lumbar spine, subsequent encounter.

On X, X was evaluated by X, PT, for X. X had X. X noted that X. X reported X was having good days and then having days where pain and symptoms returned. X rated the ongoing pain as X, and worst pain as X. Lumbar examination revealed the active range of motion showed flexion X limited, extension more than X limited, right lateral flexion more than X limited, left lateral flexion less than X limited, right and left rotation was within normal limits. Manual muscle testing showed gross "X" was X, upper abdominals X, lower abdominals X, gross right and left lower extremity X. X was X. It was assessed that X demonstrated improving lumbar active range of motion (AROM), but was still most significantly limited with flexion ROM. X also demonstrated improving lumbar and core strength, which improved X tolerance to exercise. However, X still remained limited with household chores and recreational activities at times. Continued X was recommended to further improve lumbar mobility, strength, and overall function. Treatment plan was to continue

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with X. On X, X was seen by X, MD, for a follow-up visit for the chief complaint of low back pain / lumbar spine pain. X felt the X had been helping X very well, "keeping the pain down." X did wish this could continue but more X had been denied as of X. X complained of low back pain, more on left side. At the time, X rated the pain as X. X reported that muscle weakness and stiffness in X low back was more predominant than X pain. X stated that pain was the same as it was at the previous visit. The pain was dull and radiated to the left hip and groin. X had been doing well with the X. It was keeping X pain down. X still felt X balance was not the best. Walking on uneven surfaces elicited X pain. X had completed all of X, would like to get more. X also helped X to maintain X pain down. X was taking X as needed. Lumbar spine examination revealed X. Lumbar spine range of motion testing in extension and side-bending caused pain over the facet joints. The straight-leg raising test of the left leg was positive. It elicited shooting pain radiating down the leg along the distribution of the sciatic nerve at an angle of X degrees. The straight-leg raising test of the right leg was positive. It elicited pain radiating down the leg along the distribution of the sciatic nerve at an angle of X degrees. The right and left patella reflex was graded at X. Right lower extremity showed that the strength in the hip flexors / extensors, quadriceps, ankle dorsiflexors, and tibialis anterior was X. The diagnoses were other intervertebral disc displacement, lumbar region; and sprain of ligaments of lumbar spine, subsequent encounter. It was noted that X was denied. X needed to continue X. X was considering joining a club or the "Y" to continue improving X lumbar spinal condition, especially core strength. X continued to X. X intended to lose some weight with the cooler weather, hoping this would help X back pain.

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Treatment to date included X.

Per a utilization review adverse determination letter dated X and a peer review report dated X by X, DO, the request for X was denied as not medically necessary. Rationale: "The claimant has made minimal progress after a year of X is not supported. X should be well versed in doing a X. Also, there are no AP notes to indicate what X is prescribing. Therefore, the request is not medically necessary."

Per a reconsideration review adverse determination letter and peer review report dated X by X, MD, the appeal request for X was denied. Rationale: "Per ODG, "X." In this case, the patient complains of lumbar spine pain. Physical examination revealed limited range of motion and decreased strength. Treatment history included X. Additionally, there is no documented indication as to why the patient cannot participate in a X. Therefore, the request is not certified."

Thoroughly reviewed provided records including therapy notes and peer reviews.

While X is indicated as a primary treatment for back pain issues and associated conditions, the patient has X. It is also noted that significant progress from X has not been demonstrated. Transitioning to X noted to warrant further therapy. 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 therapy notes and

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peer reviews.

While X is indicated as a primary treatment for back pain issues and associated conditions, the patient has already had X. It is also noted that significant progress from X has not been demonstrated. Transitioning to X noted to warrant further therapy. 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

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- 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