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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)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured at work on X. This was caused by a X. X was X. X,. This caused the truck to tip over. X was thrown from the left side to the right side and hit the big piece of metal that the claw was attached to. X reported low back pain (LBP) primarily on X right side, and shooting down X right buttock and leg into X calf. The diagnoses were low back and right leg pain.

On X, X was evaluated by X, MD, for chief complaints of low back and right leg pain. X reported X had continued use of a shopping cart when at the grocery store. X had radicular pain in the right lower extremity aggravated by standing, walking, and physical activity. X had a new MRI done for pre-surgical planning. X reported no new bowel or bladder dysfunction. X ongoing problem list included leg weakness, altered sensation of skin, right leg pain, lumbar back pain, lumbar disc herniation, essential hypertension, and overweight. On examination, blood pressure was 155/102 mmHg, weight was 202.2 pounds and body mass index (BMI) was 26.77 kg/m². Physical examination showed no hyperreflexia or clonus. In the seated position strength was rated X in the gastrocnemius-soleus, anterior tibialis, quadriceps, and hamstrings. Reflexes were X in bilateral knees and bilateral ankles. Tension signs were positive on the right leg grimacing back pain, right buttock, and thigh pain. Paresthesia pain was consistent with right X radiating below the knee in the posterior calf. The lumbar MRI revealed disc desiccation at the X. The treatment plan was to proceed with X. On X, X was evaluated by X, FNP, for chief complaints of low back and right leg pain. X reported X had continued use of a shopping cart when at the grocery store. X had radicular pain in the right lower extremity aggravated by standing, walking, and physical activity. X had a new MRI done for pre-surgical planning. X reported no new bowel or bladder dysfunction. Peer-to-peer was done that day with Dr. X and Dr. X. Physical examination by Dr. X showed no hyperreflexia or clonus. In the seated position, strength was rated X in the gastrocnemius-soleus, anterior tibialis, quadriceps, and hamstrings. Reflexes were X in bilateral knees and bilateral ankles. Tension signs were positive on the right leg, with grimacing back pain, right buttock and thigh pain. Paresthesia pain was consistent with right X

radiating below the knee in the posterior calf. The lumbar MRI revealed X. The X EMG was reviewed and revealed X, not complete, and examination by Dr. X revealed X. There was no hyperreflexia and no clonus and X strength noted in the bilateral lower extremities. It was noted that MRI report over-read was needed. The MRI was showing X. Dr. X saw that the right X showed there was a X loss of the AP diameter.

An Electromyography (EMG) report dated X revealed subtle, but not conclusive, right X. No evidence of a right distal lower extremity neuropathy was seen. An MRI of the lumbar spine dated X revealed the following findings: The vertebrae were X. No X was noted. There was a X. The conus medullaris was in X. The paraspinous soft tissues were unremarkable. The X. At the X. No X was present. X changes were present with X. At the X. The thecal sac and the X were X. No X was present X were present with X. The impression was X.

An MRI of lumbar spine dated X revealed, X showed X. At X, there was broad X. At X, there was X. The protrusion appeared acute or acutely irritated. There was X noted. At X, there was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "ODG by MCG Last review/update date: X, Lumbar Laminectomy Treatment type: Surgery Conditionally Recommended-CR Recommended as an option; may be a first-line or second-line option. A peer review did occur. The requested surgical procedure is not medically necessary. The submitted imaging report does not demonstrate definitive nerve root impingement at X. Thus, the guidelines have not been met. The provider is going to have a re-read of the MRI report as there is only X. The provider's impression is that it is at least moderate with impingement of the nerve roots. If a new MRI report is submitted, then this should be re-reviewed. However, at this time the request remains non-certified. As such, the requested X is non-authorized."

Per a reconsideration review adverse determination letter dated X by X, MD, the request for right X. Therefore, it is this reviewer's opinion that the requested X is

medically necessary and the previous denials are overturned. X is medically necessary and certified

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

The claimant had been followed for complaints of lower back and leg pain to the right which had not improved with X. In review of the claimant's diagnostic findings, there was evidence of X. The claimant's physical exam findings did note sensory change at the right lower extremity in a X. There was electrodiagnostic evidence suggestive of a X. The records provide sufficient evidence of a X. Therefore, it is this reviewer's opinion that the requested X is medically necessary and the previous denials are overturned. X is medically necessary and certified

Overtured

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)