**True Decisions Inc.**
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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. X reported that X body was X. The diagnosis was a sprain of the ligaments of lumbar spine. On X, X was evaluated by X, MD for low back pain that

was nonradiating. X reported constant aching pain and stated X was able to stand for more than X minutes, able to sit for more than X minutes, and able to walk for more than X minutes. The pain level was X at the time, pain level at the worst was X, and pain level at the best was X. X helped. The pain had been going on for several months. It started after a work-related injury where X was X. The pain was described as shooting, aching, burning, and constant. Standing, sitting, and walking worsened the pain. X was working light duty. A lumbar spine examination revealed X. There was pain in the X, at the X. The assessment was sprain of ligaments of lumbar spine, initial encounter. Dr. X recommended the X. If this was successful, X. X communicated a willingness for X during the procedure. X had a degree of X. Per the American Society of Anesthesiologists Guidelines X was a candidate for X. The proposed procedure was for the purpose of improving function and decreasing pain. On X, X, MD saw X for a follow-up. X reported cervical pain X at rest and X when active, thoracic pain X at rest and X when active, and lumbar pain X at rest and X when active when sitting for a long time, and right knee pain X at rest and X when active. X stated that overall, the cervical spine symptoms had increased, X. The X had remained the same, X had increased, and there was no radiating pain but there was tingling in the upper back. The X had remained the same overall, pain and X had remained the same, and X was X. On examination of the cervical spine, X continued to have X. There was improved X. Muscle spasm along the X decreased. X was noted and tenderness to palpation had decreased. The lumbar spine examination revealed increased X. X was X on the right. Lumbar spine x-rays from X were reviewed and were negative for X. There was an X. The assessment was contusion of right knee, sprain of ligaments of cervical spine, sprain of ligaments of thoracic spine, lumbar radiculopathy, pain in right knee, and unspecified abnormalities of gait and mobility. The plan was to follow-up with X ordered again that day. Dr. X agreed it would be helpful. X was to continue with X. Treatment to date included X. Per a utilization review adverse determination letter dated X the request for X was denied by X, MD. Rationale: “Per ODG regarding X, "X." A successful peer-to-peer call with X, MD, was made. On peer-to-peer, Dr. X said that X. This is a false claim. X does not require the involvement of an X. Also, per the American Society of Anesthesiologists, "Examples of procedures that typically do not require moderate sedation, X. " The request is not shown to be medically necessary. Therefore, the request for X is non-certified. “Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “Per ODG, this is recommended X. "X may be grounds to X. " In this case the requested X is not indicated. The request includes X.

There was no indication that this patient requires X. As such, this request is not certified. “Thoroughly reviewed provided records including peer reviews. Patient with back pain radiating downright lower extremity and being treated for X. Per cited guidelines, if patient has X, treating potential X. Further, as peer reviews point out, even if performing X. 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 peer reviews. Patient with back pain radiating downright lower extremity and being treated for X. Per cited guidelines, if patient has X, treating potential X is not indicated. Further, as peer reviews point out, even if performing 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

☐ 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