MET HEALTHCARE SOLUTIONS
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Notice of Independent Review Decision

X

Date of Amendment: X

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or 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:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

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

Notice of Assignment from Texas Department of Insurance dated X

Patient Clinical History

The claimant is a X diagnosed with chronic back pain syndrome associated work injury consistent with lumbar disk disruption X with right lumbar radiculopathy, mechanical back pain syndrome, myofascial pain syndrome lumbar spine in otherwise health, X, spondylosis of lumbar region, acute low back pain without sciatica, bulging lumbar disc, and degeneration of intervertebral disc of lumbar region.

MRI Lumbar Spine Without Contrast from Prime Diagnostic Imaging dated X had the following impression: "Discogenic changes are present with bulges and protrusions at X and X as described above. Findings are most pronounced at X where there is a brad disc protrusion measuring X to the right and X to the left with moderate right neural foraminal narrowing."

Progress Notes from X dated X states, "X is a X who presents to establish case. Referred by Dr. X. Patient admits to acute onset of lower back pain on X when X was working and a 132lb wooden crate was dropped, with patient reaching to catch and break the fall of the box causing X to flex forward and to the left very quickly. Patient denies any radiation of pain into BLEs, numbness, tingling, or weakness. Symptoms exacerbate with bending of lifting over 10lbs. X rates X pain as 7/10, Patient has pain constantly and admits it's worsening. The patient has not been able to return to work since that time due to the level of pain with severe impairment of ADLs and QOL. The patient has attempted X, without lasting relief. The patient has not had X."

Follow Up Note from X dated X states, "The patient gives a work history, working for X over X years. On X, lifting 132-pound package with multiple unstable products inside. It slipped out of X hands. X tried to catch it, noticing a jerk in X back. Since this time, X had axial back pain, initially with radiating pain into X buttock and leg. Due to the persistent nature of X pain, X ultimately underwent physical therapy, rehabilitative care as well as what sounds like a X with no relief. MRI of the lumbar spine X, showed a remarkable disk protrusion to the right X at X with left extension X to the left with moderate right neural foraminal narrowing. X back pain is worse from getting up from a sitting position, sitting for prolonged periods of time, coughing and sneezing. X also has tightness across X lower lumbar spine. X feels like it is not all the time. X was referred here for consideration of

interventional pain care. X has tried X, X to no avail. X does admit to a limping gait, admits sleeping loss and mood irritability. Pain related stress inventory CSD was 3/60 showing good pain coping mechanism. The risk for X or work was 1/13. X. X spot urinalysis was negative for illicit drug use. X PMP was satisfactory. The patient describes X pain as sharp shooting in nature anywhere from 4-6/10."

Follow Up Note from X dated X states, "X continues to walk with an antalgic limp and gait. X has pain radiating down X right buttock and leg. X has a positive straight leg raising sign as documented on my initial evaluation. X has decreased pinprick in the X distribution. This is classic radiculitis. X has failed previous conservative, rehabilitative, and medical treatment options, once again, X has decreased lumbosacral flexion at 40 degrees with a positive straight leg raising sign on the right. Unfortunately, the peer review doctor did not do their clue diligence. The radicular component has been present ever since the initial injury. The patient has failed conservative care. X is the standardized treatment approach for nonsurgical back pain with radiculitis. It is part of the ODG guideline. The fact that the patient has already responded favorably to our neuropathic pain regimen supports this case. X is taking X and X states it takes the edge off, that is because this is radicular pain. This is not somatic or visceral pain, Doctor. This has been corroborated with X MRI, which shows two disk injuries at X and X. X has a sciatic notch tenderness. This pain has not gone away. This is an otherwise young, healthy, individual with every reason to get well in a timely manner. Further delays in X treatment will lead to refractory and costly pain complaints. The patient even had some weakness in the S1 distribution with plantar flexion today on the right. I discussed the above findings and recommendations with the patient. X is showing anxiety and fear. However, X wants to have this done as X feels X cannot go on, and X has difficulty sitting for prolonged periods of time. They gave a good work history for X for over 11 years. No heavy lifting of course could be entertained at this time due to X moderate-to-severe back pain, and we will go ahead and arrange for X. We spent extra time going over the peer review process, the peer review's inappropriate denial, and the fact that we will have to resubmit this in a timely manner. Any further delays in this treatment will lead to refractory and costly pain complaints. The Texas labor code specifically states patients are due treatment which ameliorates or relieves the natural compensable disease state. The treatment as

mentioned is just that and hopefully this will get approved as soon as possible as X is highly motivated to get back to X former levels of activity both at home and at work. Currently, X pain scores are 5 to 6/10, no longer 7 to 8/10 as X has already taken X here today. X does understand X needs to be off all X, X prior to X. In the meantime, continued physical therapy and rehabilitative care with Dr. X was advised."

Denial Letter from MediCall dated X states, "The appeal request for X is non-certified… Although X may be reasonable to treat radicular low back pain refractory to conservative treatment, the guidelines do not recommend X or X. Although X is reportedly planned, the requested CPT code corresponds to X. The request is not shown to be medically necessary. Therefore, the appeal requests for X is non-certified."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is X with a diagnosis of chronic back pain syndrome stemming from a work-related injury. This condition is characterized by lumbar disc disruption at X, accompanied by right lumbar radiculopathy, mechanical back pain syndrome, myofascial pain syndrome in the lumbar spine, spondylosis of the lumbar region, acute lower back pain without sciatica, bulging lumbar discs, and degeneration of intervertebral discs in the lumbar region. The request is for X.

An MRI of the lumbar spine without contrast conducted at X on X reveals the following findings: Discogenic changes are evident with bulges and protrusions at X, and X, as described previously. The most significant findings are at X, where there is a broad disc protrusion measuring X to the right and X to the left, accompanied by moderate right neural foramina narrowing.

While objective findings suggest the claimant may potentially benefit from an X, the requested accompanying service code reflects X and not X. ODG recommends against the use of X, X or X. Therefore, it is the professional medical opinion of this reviewer that the denial be upheld, X is not medically necessary.

Description and source of the screening criteria or other clinical basis used to make the decision

☐ ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase

☐ AHRQ - Agency for Healthcare Research and 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

☐ 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)