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Notice of Independent Review Decision
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
- Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. X had a chemical fire and explosion at work. As they were trying to escape such, they kind of got pinned in an alleyway. The only way out was over a 10 to 12 foot fence that they had to climb over and basically fall off. X injured X back and stated X also injured X right shoulder trying to hold onto the fence. X had a jerking / pulling injury to X shoulder and X had low back axial trauma when X fell. The diagnosis was lumbar sprain / strain. X was seen by X, MD on X for a follow-up of lumbar pain, which was rated 6/10. X was off work at the time. X was able to do about 50% of X job. X had intermittent pain. No new symptoms were noted. X was following treatment plan, which did help, although X radiofrequency ablation of the medial branches in the lumbar spine had been denied. X had received multiple sessions of therapy. Examination of the lumbar spine showed flexion, extension, and rotation of the lumbosacral spine decreased by 30 to 40% in all planes. Straight leg raise was negative bilaterally. Paravertebral spasms were noted in the X and X bilateral facets. An appeal would be made for radiofrequency ablation. Dr. X spoke with Dr. X who agreed that a X may be in order as X had been injured since X. X had symptoms of posttraumatic stress disorder and was not working. X had reached a point in X care for the covered work-related injury that related to the medial branch injury of the anatomical location in the spine that necessitated radiofrequency ablation / rhizotomy / neurolysis of the aforementioned medial branch for long term relief of pain symptoms. A successful diagnostic medial branch block procedure was previously performed, after which X got greater than 70% relief with increase in function, decrease in pain, decreased medication intake and increased mobility of the spine. These met the ODG criteria for X procedure. The procedure would be X as X was very anxious and in order to prevent neurological damage from sudden movements that are inadvertent as a result of the lack of sedation and the painful nature of the procedure. X would receive X. X underwent a designated doctor examination on X by X, MD. Examination of the lumbar spine showed flexion 60 degrees and extension 25 degrees. Most of X pain was with extension indicating more on the left than the right in the paraspinal area. Straight leg raise was

negative. FABER testing revealed no pain and full motion. Dr. X opined that X was able to work. Following the injury, X would be off work for about two weeks and then should be able to return to work with restrictions. X would be placed on light duty. X would be lifting at maximum 50 pounds and frequent 20 pounds. X disability was a direct result of the compensable injury from X to present. X was trying to escape a fire / explosion. Some degree of stress / anxiety, depression and posttraumatic stress disorder was accepted. The back condition was related after jump / fall off fence. There was a facet injury to the lumbar spine with 70% relief with medial branch block. A radiofrequency ablation could be considered. There was some element of a disc protrusion that Dr. X found was related (it was not a frank herniation). Per Dr. X, the compensable injury did extend to and included stress / adjustment disorder, posttraumatic stress disorder and lumbar disc herniation at X. It did not extend to or include right shoulder rotator cuff tear. An MRI of the lumbar spine dated X demonstrated mild to moderate bilateral foraminal stenosis with borderline central canal stenosis at X. Mild to moderate right foraminal stenosis was noted at X. There was minimal right foraminal stenosis at X. Moderate facet degeneration at X with most advanced degenerative changes involving the right X facet joint was noted. Treatment to date included work restrictions, left sided X lumbar medial branch blocks (significant improvement), physical therapy, home exercises, massage therapy and medications (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 non-certified. Rationale: "According. to a lumbar spine MRI study on X, there was documentation of multilevel disc bulging/protrusion from X, mild to moderate bilateral foraminal stenosis with borderline central canal stenosis at X, mild to moderate right foraminal stenosis at X, minimal right foraminal stenosis at X, and moderate facet degeneration at X per radiology report. According to an office note by Dr. X on X, there was documentation of the injured worker having continued low back pain with radiation and numbness to the left thigh and reportedly had some improvement with physical therapy. There was also documentation of the injured worker having stress and adjustment reaction with a psychology referral pending. Physical exam revealed tenderness left paraspinal X, left-sided muscle spasms to palpation, lumbar spine decreased active range of motion in all planes, left lower extremity episodic numbness, and otherwise physical exam was unremarkable. The listed diagnoses included lumbar strain

initial encounter and stress and adjustment reaction. The treatment plan included X. According to a pain management office note by Dr. X on X, there was documentation of the injured worker following up and listed as X that reportedly provided about 70% relief, but still had numbness. Physical exam revealed flexion, extension, and rotation in the lumbosacral spine decreased 30-40% in all planes, SLR equivocal bilaterally, paravertebral spasm left side at X, and otherwise physical exam was unremarkable. The listed diagnosis included lumbar sprain and strain. The treatment plan included X. However, with documentation of bilateral foraminal stenosis with borderline central canal stenosis at X per MRI imaging and some positive stenosis / radicular findings on physical exam with left lower extremity numbness and SLR test, this is a contraindication for X based on the guidelines. Therefore, given these circumstances and the guidelines, there is no support for the requested X, and this request is non-authorized. "Per a reconsideration review adverse determination letter dated X and a peer review report dated X by X, MD, the request for X was non-certified. Rationale: "ODG guidelines criteria are not established. As per guidelines-(1) Absence of radicular pain, spinal stenosis, previous fusion (same level), infection, tumor, or coagulopathy. Therefore, the request for X is not medically necessary. Thoroughly reviewed provided documentation including imaging results and peer reviews. As provider states, patient meets the cited ODG criteria for X given successful X. Any potential previous findings on exam that may be from radicular pain or MRI findings are irrelevant given patient's pain improved after X, indicating that X of same area would result in long term relief of pain. X is medically necessary and certified.

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

Thoroughly reviewed provided documentation including imaging results and peer reviews. As provider states, patient meets the cited ODG criteria for X. Any potential previous findings on exam that may be from radicular pain or MRI findings are irrelevant given patient's pain improved after X, indicating that X of same area would result in long term relief of pain. 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
- 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