



MedHealth Review, Inc.  
422 Panther Peak Drive  
Midlothian, TX 76065  
Ph 972-921-9094  
Fax (972) 827-3707

**Notice of Independent Review Decision**

**DATE NOTICE SENT TO ALL PARTIES:** 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:

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a X who sustained an industrial injury on X and is seeking authorization for X.

Previous treatment has included X. Previous surgeries include X. X dated X has findings of X.

Progress report dated X has the injured worker having finished the X which has been helping with the pain. X is still having low back pain and difficulty with lifting/bending. The exam reveals a decreased lumbar range of motion. There is tenderness of the lumbar muscles noted diffusely in the bilateral paraspinals. The sensation is intact. The treatment plan included X.

Magnetic Resonance Imaging of the lumbar spine dated X has findings of X.

Progress report dated X has the injured worker with persistent back and lower extremity symptoms that is rated at X. X leg symptoms significantly worsen the longer X stands and the further X walks. The exam reveals X is clearly uncomfortable in any one position for more than several minutes and is constantly needing to shift from sitting to standing. X is able to stand from a seated position and ambulates with a slow antalgic gait forward flexed at the waist. There is moderate tenderness to palpation throughout the lumbar paraspinal muscles. There is trace weakness in the right quadriceps and tibialis anterior. There is subjective pain and paresthesias in the right greater than left in the X. Straight leg raise on the right causes back and buttock pain at X degrees and on the left caused back and buttock pain at X degrees. The treatment plan included a trial of X.

Progress report dated X has the injured worker status X. Low back pain and leg pain are rated at X and mid back pain is X. The exam reveals X is clearly uncomfortable in any one position for more than several minutes and is constantly needing to shift from sitting to standing. X is able to stand from a seated position and ambulates with a slow antalgic gait forward flexed at the waist. There is moderate tenderness to palpation throughout the lumbar paraspinal muscles. There is trace weakness in the right quadriceps and tibialis anterior. There is subjective pain and paresthesias in the right greater than left in the X. Straight leg raise on the right causes back and buttock pain at X degrees and on the left caused back and buttock pain at X degrees. X-rays of the lumbar spine are noted to X. The treatment plan included X.

Telehealth Progress report dated X has the injured worker stating X had near complete resolution of the symptoms of X. The symptoms have now returned to their baseline level of severity. The exam reveals X is clearly uncomfortable in any one position for more than several minutes and is constantly needing to shift from sitting to standing. X is able to stand from a seated position and ambulates with a slow antalgic gait forward flexed at the waist. There is moderate tenderness to palpation throughout the lumbar paraspinal muscles. There is trace weakness in the right quadriceps and tibialis anterior. There is subjective pain and paresthesias in the right greater than left in the X. Straight leg raise on the right causes back and buttock pain at X degrees and on the left caused back and buttock pain at X degrees. The treatment plan included X.

Utilization review dated X non-certified the requested X. The rationale stated the actual magnetic resonance imaging report has not been submitted for review. In addition, there is no documentation that the patient has attempted a X. As such, the guidelines have not been met. Utilization review dated X non-certified the requested X. The rationale stated in this case, there is no documented psychological screening done addressing the presence or absence of factors that could affect the surgical outcome. The guideline's criteria are not met.

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

As per ODG, “  
X”

This is a X. X presented status X. Low back pain and leg pain are rated at X and mid back pain is X. The exam reveals X is clearly uncomfortable in any one position for more than several minutes and is constantly needing to shift from sitting to standing. X is able to stand from a seated position and ambulates with a slow antalgic gait forward flexed at the waist. There is moderate tenderness to palpation throughout the lumbar paraspinal muscles. There is trace weakness in the right quadriceps and tibialis anterior. There is subjective pain and paresthesias in the right greater than left in the X. Straight leg raise on the right causes back and buttock pain at X degrees and on the left caused back and buttock pain at X degrees.

In this case, the exam reveals trace weakness in the right quadriceps and tibialis anterior. There is subjective pain and paresthesias in the right greater than the left in the X. There is magnetic resonance imaging corroboration of mild foraminal stenosis bilaterally at X. X has tried and X. Provided documentation demonstrates subjective and objective deficits that are corroborated by imaging studies. Trial and failure of conservative treatment modalities have been documented. Therefore, the requested X is medically reasonable and necessary.

**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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY 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)