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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: 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)

X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case concerns a X who has requested authorization and coverage for X. The Carrier denied this request on the basis that these services are not medically necessary for treatment of the member's condition.

A review of the progress note dated X indicated that the member presented for continued care regarding X left foot and leg pain complaints. It noted that the X. It indicated that despite X attempts, the X. It noted that in the meantime, the member is getting X. It indicated that over X years ago, this gave X. It noted that the member reported that X does believe that X. It indicated that as a result, a X. It noted that the member's

medications (X) have been maximized. It indicated that the member's pain level is at X to X out of X.

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

The Maximus physician consultant noted that this X was being treated for X. The member presented with presents with complaints of pain in the left foot and leg, characterized by X. The pain is reported to be exacerbated despite previous treatments.

The Maximus physician consultant indicated that the pain intensity was X to X out of X on the pain scale with X. There was X. The member also was X. The X was X on X, but relief was not achieved, requiring further X. The member was engaged in X. The member previously received a X. Recently, the member has experienced an X. Given the history of successful pain relief from X. The member remains active and is able to work, but experiences significant discomfort and pain.

The Maximus physician consultant noted that peer-reviewed nationally accepted medical literature states that the X. Studies have demonstrated its effectiveness in reducing pain, swelling, and X. An article published in the "Journal of Pain Research" outlines that X. A systematic review published in "Pain Medicine" evaluated the effectiveness of X. The American Society of Regional Anesthesia and Pain Medicine (ASRA) guidelines support the use of X. These X. The International

Association for the Study of Pain (IASP) guidelines emphasize the role of X. The Official Disability Guidelines (ODG) recommends the use of X. The guidelines highlight the importance of using such X.

The Maximus physician consultant noted that as a clinician with extensive experience in pain management and the treatment of X, the recommendation for a X. The requested X is medically necessary for the following reasons: there is documented efficacy in that it is supported by peer-reviewed literature and evidence-based guidelines, demonstrating its effectiveness in managing X symptoms; the member has a history of significant relief from the X. The evidence and guidelines support the necessity of the X.

Therefore, the requested X is medically necessary for the treatment of the member's condition.

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**

**OTHER EVIDENCE BASED, SCIENTIFICALLY
VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A
DESCRIPTION)**