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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

Pure Resolutions LLC

Notice of Independent Review Decision

Case Number: X Date of Notice X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. The biomechanics of the injury is not available in the records. The diagnosis was other intervertebral disc degeneration of lumbar region, sciatica of left side, other spondylosis with radiculopathy of lumbar region, sprain of ligaments of lumbar spine, radiculopathy of cervical region, other cervical disc degeneration of mid cervical region, spondylosis without myelopathy or radiculopathy of cervical region, spinal stenosis of cervical region, and sprain of ligaments of cervical spine.

On X, X, MD evaluated X for a follow-up on lumbar and cervical spine. X pain level was X. X presented for follow-up on lumbar spine. X was last seen on X. X stated that X did X and that did not help at all. X stated it did make the pain a lot worse. X stated X was having a lot more pain in the left hip, pelvis and down the left leg. X stated that it did start after X last session of X. X stated X had some numbness in X toes. Last time X had an X done which did help. X did have some stabbing pain in the left hip as well. X was scheduled to see Dr. X on X. X was also having a lot of increased pain in the cervical spine along with the shoulder blade as well. X returned after a round of X with worsening neck and low back pain. X reported X actually aggravated X pain in left leg. X reported the left leg was more than the right. X had difficulty standing, walking, and

getting around. X reported after the physical therapy session X was on the couch for X days. X reported X pain in left buttock down the posterior thigh and the lateral lower leg and into the toes. X reported the X was worse with standing, bending and twisting. X was unable to sit in a hard chair. X continued to have X. On examination, X weight was 200 pounds and body mass index (BMI) was 31.32 kg/m2. There was X. There was X. There was pain with X. Motor functions were X. Straight leg raise was X. Hoffmann sign was X. An MRI of cervical spine and an MRI of lumbar spine were ordered.

An MRI of cervical spine dated X revealed X. On the right, there was X. An MRI of lumbar spine dated X revealed X. At X. There was X. There was X. At X. There was X. There was X. There was X. At X. X was present. X was present.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for an X was denied. Rationale for MRI of cervical spine: "The request was framed as a request for X. However, ODG's Neck and Upper Back Chapter Cervical Spine MRI topic notes that indications for X. Here, however, there was no mention or discussion of the results of X. There was no mention of how the X. The treating provider, it is further noted, alluded to the claimant's presenting with predominantly axial neck pain complaints on the date in question. The X in question is not indicated in this context, particularly without any mention or discussion of how (or if) the results of said study would influence or alter the treatment plan. Therefore, the request for the X is not medically

necessary." Rationale for MRI lumbar spine: "The request in question was framed as a request for X However, ODG's Low Back Chapter Lumbar Spine MRI topic stipulates that a X should be reserved for those individuals in whom there is a change in clinical status, need for interval reassessment that may impact the treatment plan, or a need for re-imaging prior to or after performance of an invasive procedure and evidence that the prior study is available and available for comparison purposes. Here, however, there was no record of a clinically significant change in the claimant's neurological exam on the date in question which would potentially have made a case for a X, nor was it stated how (or if) the results of the X would influence or alter the treatment plan. There was no mention of either the attending provider or the claimant's willingness to potentially act on the results of the X and /or go on to consider a surgical intervention involving the lumbar spine based on the outcome of said X. Therefore, the request for the X is not medically necessary.

Per a reconsideration / utilization review adverse determination letter dated X, by X, DO, the appeal X was denied. Rationale for MRI cervical spine: "The request is regarding an appeal for X with noncertification on X. The reviewer at that documented that cervical spine symptoms were predominantly axial in nature and the claimant also previously had X with no indication of significant change to support repeat study. No updated reports were submitted for review. Progress Note dated X documented that the claimant was following up regarding injury to the cervical and lumbar spine, had recently completed a course of X, and still had some numbness in toes. A prior X helpful, symptoms persisted despite medication, and it was reported that X actually aggravated pain

in the left lower extremity. The cervical and lumbar examination showed X. Reviewed lumbar MRI of X which documented X. The cervical spine MRI on X revealed X. X. The X is recommended as a first line or second-line option, indications for X may include: localize neck pain with positive bone scan, persistent pain in those older than X, personal history concurrent diagnosis of malignancy, rapidly progressive weakness, or chronic spine weight loss. They may also be recommended for new or progressive neck pain, risk factors for spinal infection such as: immunosuppression, intravenous redness, or recent interfaces spinal procedure. Signs or symptoms of infection as indicated by 1 or more of the following: Bone scan or plain x-ray suggestive of infection: C-reactive protein elevated; Erythrocyte sedimentation rate elevated; Fever; Positive blood culture; Remote source of infection (e.g. Bed sore, wound, other side of infection). Pain, subacute or chronic (>= 4 weeks' duration), localized to neck or radicular in nature as indicated by 1 or more of the following: Subacute or chronic neck pain, All of the following: Interference with daily function: Patient being considered for invasive intervention (e.g., injection, surgery); Persistent or progressive symptoms during or following 6 weeks or nonoperative treatment (e.g., activity modification, exercise, medication, physical therapy); and X-ray shows ossification in the posterior longitudinal ligament. It may also be recommended in cases of spinal cord compression with gait abnormality, Hyperreflexia, sensory motor deficit, or spasticity. In cases of postoperative complications; there must be evidence of new abnormality on neurologic exam, new or progressive neck pain, or new or progressive radiculopathy. In this case, there were no updated notes submitted for review detailing significant progression of limitations on examination, there was support the request for X at this time. As such,

the request is not certified. Therefore, appeal X is not medically necessary." Rationale of MRI of lumbar spine: "The Lumbar Spine MRI documented that MRI may be recommended in cases of localized lumbar spine pain with positive bone scan, nocturnal pain that was worse and supine, persistent pain those older than X, personal history or concurrent diagnosis of malignancy, rapidly progressive weakness, or chronic spine, weight loss. May also be recommended in cases of infection with new progress back pain, risk factors for spinal infection, immunosuppression, intravenous drugs use, or invasive spinal procedure. In cases of subacute or chronic injury more than 4 weeks; there must be indication of interferes with daily function, localized radicular pain, consideration for invasive intervention, or persistent / progressive symptoms after 6 weeks of nonoperative treatment. In this case, there were no updated notes submitted for review detailing significant progression of limitations on examination, there was support the request for X at this time. As such, the request is not certified. Therefore, appeal X is not medically necessary."

The submitted medical records to demonstrate that the patient has chronic neck and low back pain. The submitted medical records do not demonstrate the presence of a progressive neurological deficit. The submitted medical records do not demonstrate that the patient has attempted an appropriate course of conservative treatment. No new information was provided which would overturn the previous denials. X are not medically necessary and non-certified.

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

Pure Resolutions LLC

Notice of Independent Review Decision

Case Number: X Date of Notice X

DECISION:

The submitted medical records to demonstrate that the patient has chronic neck and low back pain. The submitted medical records do not demonstrate the presence of a progressive neurological deficit. The submitted medical records do not demonstrate that the patient has attempted an appropriate course of conservative treatment. No new information was provided which would overturn the previous denials. X are not medically necessary and non-certified.

Upheld

Pure Resolutions LLC

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ TMF SCREENING CRITERIA MANUAL

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ MILLIMAN CARE GUIDELINES

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ INTERQUAL CRITERIA

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE