

US Decisions Inc.

*Notice of Independent Review Decision*

US Decisions Inc.

An Independent Review Organization

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**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)

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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**

**PATIENT CLINICAL HISTORY [SUMMARY]:** X is a X-year-old X who was injured on X. The injury occurred from a X. While X, X was seen by X, MD on X and X. On X, X was seen for back pain. X sustained an injury on X, and the complaints were worse with time. X had low back pain that radiated to X right lower extremities, posterior calf to ankle. The back pain was rated at X, and leg pain was rated at X. The pain was worse by prolonged standing, walking, bending, and twisting. X reported weakness in X lower extremities. At the time, X continued to have right low back pain radiating down the right leg associated with numbness and weakness. The pain was rated at X. On examination, BMI was 35.42 kg/m<sup>2</sup>. Examination of the lumbar spine showed X. Mild pain X was noted. Motor strength was X with right "X". There was "X" at X. Right straight leg raise test was X. An X was noted. The assessment included X. Treatment plan was to proceed with X. On X, X presented for a follow-up. X reported progressive worsening of X leg symptoms. X noted additional difficulty with standing and walking. X had two recent falls because of the back and leg pain. X continued to work with the restrictions. X complained of lumbar back pain radiating down the right leg, rated at X. Examination of the lumbar spine remained essentially unchanged. Dr. X continued to recommend a surgical intervention. An MRI of the lumbar spine dated X revealed lesions of concern involving the X. These do not contain suspicious features, although given that these were reportedly new, consider a X-month follow-up to ensure stability. There were X. Treatment to date included X. Per a utilization

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review adverse determination letter dated X and peer review dated X; the request X was denied by X, MD. Rationale: "The request for the X is not medically necessary. The claimant has X. The request does not meet indications for fusion per ODG. Therefore, the request for the X is not medically necessary. Per a utilization review letter peer review dated X, the prior denial was upheld by X, MD: Rationale: "Based on the provided documentation, the patient presented with low back pain. Physical examination revealed mild pain with range of motion; motor X right gastrocnemius soleus. Straight leg raising test X. It is noted that the patient has X. A prior denial by Dr. X was denied on the basis that the patient has X. The request does not meet indications for X per ODG guidelines. Magnetic Resonance Imaging (MRI) of the lumbar spine dated X revealed upon post-contrast imaging that these lesions of concern involving the X. These do not contain suspicious features, although given that these are reportedly new, consider a six-month follow-up to ensure stability. Unchanged multilevel degenerative changes of the lumbar spine. It is noted that the patient has ongoing pain. However, there was no indication that the patient had X. The request is not medically necessary. Therefore, the request for X is non-certified and upheld. "In a causation letter dated X, X, MD documented that "This is a letter of causation and clarification of extent of injury for patient, X have seen X since X. Our last office visit was X. I have seen the patient over the past X months on a regular basis directing X conservative care. On X first office visit, the patient presented with complaints of lumbar back pain, right posterior thigh and calf radicular symptoms, and knee pain. X reports X on X. The patient described X injury occurring as X was X. X foot slipped from the running board. X was unable to stop X fall by grabbing the door handle. As X was falling, X twisted to the right and impacted the ground in a sitting position. It is my medical opinion as a board-certified orthopedic spine surgeon that this

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mechanism of injury has caused extruded disc fragment, clearly seen on X MRI studies, which has in turn caused lumbar radicular symptoms and more recently the progression of the neurological symptoms to include neurogenic claudication, weakness and falling. The impact with the ground in the sitting position has aggravated the degenerative disc disease worsening X neuroforaminal stenosis. Certainly, the claimant had a broad-based disc protrusion and degenerative disc disease. That degenerative X was significantly impacted as a result of this fall causing lumbar back pain. Therefore, I feel that the X has been aggravated / accelerated by this injury. X has not been able to return to X normal duties as a X. X symptoms have accelerated and worsened to the point that X now has neurogenic claudication; X has had several falls in the last few months because of X leg weakness. X has failed more than X months of X. X continues to work light duty despite X symptoms. The worsening and progression of symptoms have led us to the recommendation of X of the X. Once again, it is my medical opinion that the patient's mechanism of injury has caused injury to the patient to include X. The patient's current condition has dictated a more extensive medical recommendation and treatment to include surgery. I believe the preponderance of evidence supports the patient's claim of a work-related injury which is more extensive than just the lumbar strain. This extent of injury should include X. "Based on the submitted documentation, the requested X procedure is not medically necessary. The submitted medical records do not demonstrate the presence of X. Thus, the guidelines have not been met for the requested procedure. In addition, no additional records have been provided which would overturn the previous denials. X is not medically necessary and non-certified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL**

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**BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Based on the submitted documentation, the requested X is not medically necessary. The submitted medical records do not demonstrate the presence of X. Thus, the guidelines have not been met for the requested procedure. In addition, no additional records have been provided which would overturn the previous denials. X is not medically necessary and non-certified.

Upheld

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**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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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
- 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)