

## Notice of Independent Review Decision

**X:**

**IRO Case number:** X

### Description of the services in dispute

X.

### Description of the qualifications for each physician or health care provider who reviewed the decision

X.

### Review outcome

Upon independent review, the reviewer finds that the previous adverse should be:

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

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**

The claimant is a X diagnosed with a sprain of ligaments of thoracic spine (subsequent encounter), sprain of ligaments of lumbar spine (subsequent encounter), sprain of ligaments of cervical spine (initial encounter), traumatic subarachnoid hemorrhage without loss of consciousness (subsequent encounter), and post-concussion syndrome. This review is to determine the medical necessity of one X.

In Designated Doctor Examination by Dr. X dated X the claimant described X injury. X was working as a X and was driving on a bumpy road. X faulty seat allowed X to hit X head on the roof of X cab. The claimant described briefly seeing stars. There was pain in X neck, back, and eventually developed headaches as a result of the incident. X was sent to the hospital. Upon CT imaging results there was nothing out of the ordinary. Subsequently, X was diagnosed with a cervical strain, lumbar strain, and closed head injury. X was referred to X. During this time, X did not go to work. Eventually, X was referred to Neurology and where MRI imaging was accounted for. MRI results did not reveal significant findings.

The claimant's earliest documented progress note labeled as Patient Note by X dated X detailed a X. The claimant tolerated the X well and was able to ambulate well without assistance.

The Patient Note by X dated X stated that at the time of this visit X felt at X best regarding X pain (X on the pain scale). The worst X had felt was X on the pain scale. The pain is in X lower back and

radiates down X left leg. The claimant described the pain as burning, aching, sharp/stabbing, pins and needles, and throbbing. It is a constant pain. It is noted that X walked with an X. X history of treatment included X. The X helped with reducing X pain. X medication list at this time included X. Physical examination provided evidence of X. The lumbar spine examination proved X. The sacroiliac joint examination showed X. X assessment and plan indicated that X is, "unable to tolerate prolonged sitting" regarding X lumbar spine injury. Additionally, the physician wrote, "...X% relief-pain starting to return-last injection X% relief for X months-allowed X to sleep better, sit longer, stand longer, walk further. Now with pain feels hard to complete ADLs..." regarding X lumbar X. Regarding X cervical assessment and plan, it is stated that the claimant, "has X."

Lastly, Oswestry Disability Questionnaire (ODI) for Lumbar Spine by Interventional Pain Management dated X describes the claimant's level of disability as of X. The claimant gained moderate relief from pain medications and was able to take care of X (ex. Washing, dressing, etc.) without causing additional pain. The claimant could not lift or carry anything at all, was unable to walk more than a quarter mile, was unable to sit for more than thirty minutes at a time, was unable to stand for more than thirty minutes, was unable to sleep for more than two hours per night, had no social life, was unable to travel (other than to the doctor's office or hospital), and is unable to do light duties at work/home due to X current pain level. X scored a X which would place X disability level as "severe".

Denial Letter by X dated X stated, "**Specific Treatment Plan Requested X. UR Determination** The prospective request for X is non-certified. EXPLANATION OF FINDINGS Non-Certify It is unclear when the injured worker last X. Furthermore, there is no indication as to why X is required. There is no documentation that the injured worker has X. Therefore, the request of X is non-certified. ODG does not specifically address the request for X."

**Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision**

The claimant is a X diagnosed with sprain of ligaments of thoracic spine (subsequent encounter), sprain of ligaments of lumbar spine (subsequent encounter), sprain of ligaments of cervical spine (initial encounter), traumatic subarachnoid hemorrhage without loss of consciousness (subsequent encounter), and post-concussion syndrome. This review is to determine the medical necessity of X.

Due to the lack of explanation the requested procedure of X is non-certified. The denial is upheld because although the medical records document that the claimant has X. The ODG Guidelines state, "X is NOT Recommended for any of the following: ...Use of general anesthesia, moderate or deep sedation, or monitored anesthesia care." Thus, the treatment approach of X is not appropriate.

Therefore, it is the professional opinion of the reviewer to uphold the decision to deny X. This opinion was solidified due to medical unnecessary for the reasons listed above.

## **Description and source of the screening criteria or other clinical basis used to make the decision**

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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