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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 Overtuned (Agree in part/Disagree in part)

☒ Upheld (Agree)

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 who was injured on X. X had accident while on working as X was X. The diagnosis was radiculopathy, lumbar region. On X, X was seen by X, MD for a follow-up visit. X had a non-union of X. They ended up taking X back to surgery on X where they did X. X had some X. The X in X back did not feel like it made it any better. They did take X back to surgery on X because X was lacking about X degrees of full extension. They released the posterior capsule, and got X degrees of X. X did feel like X was walking better after this surgery. X did use a drop leg brace. The reason X was X. X had received a denial for both the X. On examination. X had pain in X buttocks area, a little bit more lateral, which brought up potential problems with the SI joint. Faber was a provocative test that they did. The left side of the right knee definitively gave X pain. X also had right SI joint pain. A X was recommended. Dr. X thought that "I am not exactly sure what that means, but to me having a X. "On X, X was seen by X, MD for a follow-up visit. X had a non-union of X femur on the right side from the accident on X where the driver pulled out on X. X had undergone surgery on X, which included X. X had some X. X did get up to X. X tried the X. X had an X in X back that did not make it any better, which unfortunately may be going along with the X not working. X had undergone surgery on X. They released the X. X was locking X. Someone paid for a X. X electromyography (EMG) showed some problems with X. X did have quadriceps function. It was just probable weak. Given that damage with EMG, Dr. X was not sure how much stronger X could make that. X was doing X exercises, but it did not know if it was going to make any difference. X received a denial for a X. The denial was a little confusing for Dr. X because X had provocative test with a X for the X. Given the

damage to the nerves on that side as well as the fact that X had physical examination findings consistent with that, Dr. X was not sure why they did not approve of it, and plan to appeal it. On examination, X had pain in X buttocks area on the right side. Faber test was X. Sometimes, X had decreased sensation in that when X sits it definitely got numb. Otherwise, if X was not sitting, it may tingle a little bit. Otherwise, X had normal toe motion. X had capillary refill less than X seconds. The skin was intact. Dr. X would try to appeal for X. It was not sure if X had reached maximum medical improvement as Dr. X was not really evaluated X. An EMG / NCS test of the lower extremities dated X revealed right X. Mild denervating potential was identified on X. Preserved sensory responses argue against X. There was no evidence of X. An MRI of the lumbar spine dated X revealed, X. No X was noted. Treatment to date included X. Per a utilization review / peer review dated X; the request for X was denied by X, MD. Rationale: “Per Official Disability Guidelines, Hip and Pelvis, (updated X), X. Recommended on a case-by-case basis X. This is a condition that is generally considered X. Instated of X is recommended. Current research is minimal in terms of trials of any sort that support the use of X. There is some evidence of success of treatment with X. The request is not medically necessary. The guidelines do not support X for this clinical presentation. Therefore, the request for X is noncertified. “Per a peer review dated X and an adverse determination letter dated X; the prior denial was upheld by X, MD. Rationale: “Based on the provided documentation, X has low back pain. Physical examination of the lumbar spine revealed pain in X buttocks area. Faber is a provocative test. Right SI joint pain. Per ODG guidelines, "Not recommended (X." X has tried medications. However, there is limited evidence of improvement from the first set of X. Therefore, the request for APPEAL X is not medically necessary. “Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review / peer review dated X; the request for X was denied by X, MD.

Rationale: “Per Official Disability Guidelines, Hip and Pelvis, (updated X), X. This is a condition that is generally considered X. Instated of X is recommended. Current research is minimal in terms of trials of any sort that support the use of X. Below are current reviews on the topic and articles cited. There is some evidence of success of treatment with X. The request is not medically necessary. The guidelines do not support X for this clinical presentation. Therefore, the request for X is noncertified.” Per a peer review dated X and an adverse determination letter dated X; the prior denial was upheld by X, MD. Rationale: “Based on the provided documentation, X has low back pain. Physical examination of the lumbar spine revealed pain in X buttocks area. Faber is a provocative test. Right SI joint pain. Per ODG guidelines, "Not recommended (X." X has tried medications. However, there is limited evidence of improvement from the first set of X. Therefore, the request for APPEAL X is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is a lack of support for X. There are no exceptional factors documented to support the request outside guidelines. There is no documentation of any conservative treatment for this area. There are limited objective findings noted on exam. Recommend non-certification. X not medically necessary and non-certified.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. Per a utilization review / peer review dated X; the request for X was denied by X, MD. Rationale: “Per Official Disability Guidelines, X. Recommended on a case-by-case basis as X. This is a condition that is

generally considered X. Instated of X is recommended. Current research is minimal in terms of trials of any sort that support the use of X. There is some evidence of success of treatment with X. The request is not medically necessary. The guidelines do not support X for this clinical presentation. Therefore, the request for X is noncertified." Per a peer review dated X and an adverse determination letter dated X; the prior denial was upheld by X, MD. Rationale: "Based on the provided documentation, X has low back pain. Physical examination of the lumbar spine revealed pain in X buttocks area. Faber is a provocative test. Right SI joint pain. Per ODG guidelines, "Not recommended X." X has tried medications. However, there is limited evidence of improvement from the first set of X. Therefore, the request for APPEAL X is not medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is a lack of support for X. There are no exceptional factors documented to support the request outside guidelines. There is no documentation of any conservative treatment for this area. There are limited objective findings noted on exam. Recommend non-certification. X not medically necessary and non-certified.
Upheld

**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)**