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Notice of Independent Review Decision
Amendment X

IRO REVIEWER REPORT

Date: X: Amendment 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)

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. There was no mechanism of injury provided in the given records. The diagnosis was unspecified mononeuropathy of unspecified lower limb (G57.90).

On X, X was evaluated by X, MD for a follow-up visit. X presented for evaluation of chronic pain syndrome with attendant chronic pain complaints and physical dysfunctions directly related to the sequelae of the work-acquired and adjudicated injuries. X reported chronic, constant multiple pain complaints and physical dysfunctions with notable residual physical abilities. X reported with medications / other therapeutic interventions / physical accommodations, pain complaints were improved. On examination, weight was 198 pounds. X was well-developed, well-nourished, and physically conditioned. The lumbar, wrist, knee, and foot examination revealed X was in X. X stated that the complaint(s) remained the same - (chronic) - ongoing compared with the work-related onset on X. Right knee complaint was the same - (Chronic) - ongoing compared with prior exam. Well, healed surgical scar was noted in X. No overt tenderness was reported in the X. Regarding the lumbosacral spine, visible X continued to be noted as well as X. X was able to walk on heels and toes with ongoing difficulty. Tenderness continued to be reported diffusely in X. There was X noted diffusely in

left and right X. The straight leg raise (SLR) test in the seated and supine position was right / left / seated / supine was (-)X/-X//+X/-X respectively. The lower extremities examination showed forced extension and flexion was painless, and no extra-articular swelling was noted overlying the right-knee diffusely. Right knee end range of motion was painful. The neurologic examination revealed X appearance continued to be painful and in physical distress, consistent with reported complaint. Strength was X in right lower extremities (pain-related give away). Self-described mood was “okay” and mood was congruent. Intact memory was noted. Light touch sensation was reported to be intact throughout except for ongoing left lower extremity at X. The assessment included X.

Treatment to date included medications (X.

Per a utilization review dated X and Peer Review Report dated X, the request for X was denied by X, MD. Rationale for X: “The recent records provided do not address the clinical response to prior use of the requested medication. In the absence of evidence of ongoing clinical benefits, the request for continued use is not shown to be medically necessary. Therefore, X is not medically necessary.” Rationale for X “The recent records provided do not address the clinical response to prior use of the requested medication. In the absence of evidence of ongoing clinical benefits, the request for continued use is not shown to be medically necessary. Therefore, X is not medically necessary.”

Per a utilization review dated X and Peer Review Report dated X, the prior denial was held by X, MD. Rationale: X, “The submitted medicals did not include any information regarding prior use of this medication with its clinical outcome. Insufficient information was furnished to establish medical necessity. Therefore, the requested appeal for medication, X is upheld. Due to the nature of the medication, weaning could be considered.” Regarding X, Rationale: “The submitted medicals

did not include any information regarding prior use of this medication with its clinical outcome. Insufficient information was furnished to establish medical necessity. Therefore, the requested appeal for medication, X is upheld. Due to the nature of the medication, weaning could be considered."

Thoroughly reviewed provided records including provider notes and peer reviews.

While the patient is being treated for "X" it is unclear what is the X based on documentation, and it is also unclear if the prescribed medications are successfully treating X or other issues. Thus, request for further use is not warranted. X is not medically necessary and non-certified.

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

Thoroughly reviewed provided records including provider notes and peer reviews.

While the patient is being treated for "X" it is unclear what is the etiology of the X based on documentation, and it is also unclear if the prescribed medications are successfully treating X or other issues. Thus, request for further use is not warranted. X is 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)