

Amendment Date: X

Notice of Independent Review Decision

X:

Amended: 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 determination/adverse determinations 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 contusion of lower back and pelvis, initial encounter (X). This review is to determine the medical necessity of X.

According to the Physician Progress Note by X dated X, the claimant was injured at work on X.

The Behavioral Evaluation and Request for Services by The X Clinics dated X stated that the claimant is not currently working. It is documented that, "X reported that X fell down a flight of stairs and broke 2 ribs landing on the steps, and then on the other step X fell on X back. X reported that X ribs have healed but X lower back continues to bother X." Following the injury, X surgeon reported that X was not a surgical candidate. X underwent imaging and received X. X physical therapy helped slightly, and X worked well for the first week, but was denied X. The claimant has the following psychological symptoms: Appetite decrease, insomnia, energy decrease, frustration, irritability, inability to get pleasure out of life, motivation decrease, boredom, short temper, libido decrease, feelings of inadequacy, not able to relax, muscle tension, difficulties adjusting to injury, restlessness, fear of re-injury, concentration

difficulties, and increased concerns about physical health. X reported drinking a six-pack of beer three times a week. X denied any history of alcoholism or drug addiction. "X reports drinking alcohol but that it was a "choice"."

X Functional Capacity Evaluation by The X Clinics dated X stated that, "... demonstrated the ability to perform X of the physical demands of X job as an X." X limiting factors include increased pain, client anxiety, maximum effort, safety concern, and mechanical changes. The physician who conducted the evaluation stated that, "During this evaluation, X was unable to achieve X of the physical demands of X job occupation. The limiting factor(s) noted during these objective functional tests included: X Anxiety, General Fatigue, Inadequate Strength, Increased Pain, Mechanical Changes and Safety Concern."

In the Letter of Medical Necessity by The X Clinics dated X, Dr. X, MD argued that, "The goal of a X is to not rely on medications and in fact manage pain long term without the use of narcotics. It was noted that the patient was using alcohol to get sleep due to X high pain levels and prior treatment had "X": Physical Therapy and Pain Injections. Patient reported that the injection worked for "one week"..." The document further stated that the claimant was initially taking X to manage X pain, but then was told not to take it as it is highly addictive. X is currently on X. X were denied.

Finally, the Denial Letter by X dated X stated that, "As a result of your request for a reconsideration of a previous non-certification, a

physician reviewer who was not involved in the original determination has reviewed the request. All available records submitted with the original request, as well as any additional information submitted with this request for appeal, were taken into account. This correspondence serves as notification that the requested medical treatment listed below does not meet established criteria for medical necessity, based on our second physician's reconsideration review of the information submitted. The original determination is therefore upheld. The following details provide specific information about the determination: Specific Treatment Plan Requested 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 contusion of lower back and pelvis, initial encounter (X). This review is to determine the medical necessity of prospective request for X.

X are indicated for low back pain secondary to lumbar spondylosis, which has not responded to at least X-weeks of physical therapy or a home exercise program. The claimant has a diagnosis of lumbar spondylosis confirmed on MRI of the X, and X has received X. X provided greater than X pain relief in greater than X of individuals with facet mediated pain when they experienced pain relief ranging from X relief following X providing pain relief. Some guidelines chose the cut off for pain relief following X to be greater than or equal to X to minimize the false positive rates.

Based on these findings, in the medical records, the requested procedure is medically necessary and the decision is made to overturn the health plan's decision. This is supported by articles by X.

The claimant meets the following criteria for X. These criteria are as follows:

"X"

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
- 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)