



Physio
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Notice of Independent Review Decision

IRO Reviewer

Report 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

X, date of birth X, is a X-year-old individual diagnosed with Sprain of ligaments of lumbar spine, initial encounter and seeking coverage for X(X).

Per the X X-ray lumbosacral spine, the impression revealed X.

Per the X MRI lumbar spine report, the impression revealed that X shows a X; X.

Per the X Office visit note by X, MD, the claimant underwent a X. Physical therapy orders were provided for review.

The X Office visit note by X, MD, highlights that the claimant has ongoing low back pain. The claimant reported X. The lumbar examination showed X. Straight leg raises were X. The treatment included X. If successful, it was stated that a X would be requested, along with X. A follow-up appointment is scheduled in X weeks for re-evaluation and to coordinate with the referring physician.

Per the X Clinical note by X, MD, the claimant is following up on X work-related back injury from X, when X experienced a sudden pop in X lower back while cleaning a dog. X has been dealing with significant back pain, predominantly in the midline, with occasional tingling in X left leg. Despite attending X, X hasn't seen meaningful improvement and was recently denied a X. X physical examination shows a healthy-appearing individual with normal motor strength and sensory responses. There is some reduced range of motion due to pain, but no significant radicular pain is noted. The assessment indicates that X has an X. Treatment options discussed include X.

Per the X Office visit note by X, MD, the claimant presents with low back pain, primarily described as aching and constant, with a current pain level of X. The pain does not radiate and worsens with standing, sitting, and walking. The claimant underwent X. A work-related injury triggered the pain, which is associated with X. Assessment reveals a diagnosis of a sprain of the ligaments of the lumbar spine. The treatment plan includes an X. The claimant has expressed anxiety about X but is willing to proceed with X for the procedure. A follow-up appointment is scheduled in X weeks for re-evaluation.

Per the X Office visit note by X, MD, the claimant visited the office complaining of low back pain that does not radiate. They are able to stand, sit, and walk for less than X minutes, with current pain levels of X. The pain is described as constant numbness, tingling, aching, and pressure, which improves with rest. X were denied, and there have been no changes in the review of systems since the last visit. Vital signs were stable, and the claimant was not in acute distress. The diagnosis is a sprain of the ligaments of the lumbar spine (initial encounter). The plan includes appealing the denial of the X.

Per the X Notification of appeal adverse determination, X reviewed the appeal regarding the request for a X. After review, the previous denial was upheld because the services are not medically necessary or appropriate.

Per the X Office visit note by X, M.D., the claimant reports experiencing low back pain with a pain level of X, which does not radiate and is accompanied by symptoms of numbness, tingling, and aching. There have been no significant changes since the last visit. Objective findings indicate stable vital signs. The claimant is awake, oriented, and in no acute distress, with no notable changes in the physical exam. The diagnosis is a sprain of the lumbar spine ligaments (initial encounter). The treatment plan includes performing X. If the X. The claimant is scheduled to return for a re-evaluation in X.

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

The claimant is a X year-old individual diagnosed with a Sprain of ligaments of the lumbar spine, initial encounter, and seeking coverage for X.

Upon review of the provided documentation, there is insufficient information to support a change in the previous determinations and the previous non-certifications are upheld. The peer review dated X indicates that the claimant sustained a lumbar strain only that would have been treated with approximately X.

Per the Official Disability Guidelines (ODG) for X. This request includes that the X. However, this is not recommended by the guidelines, and therefore, medical necessity is not established in accordance with current evidence-based guidelines. As such, the recommendation for X is to uphold the previous denials.

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)