

P-IRO Inc.

Notice of Independent Review Decision

P-IRO Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #203

Mansfield, TX 76063

Phone: (817) 779-3287

Fax: (888) 350-0169

Email: @p-iro.com

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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 Overturned Agree in part/Disagree in part
- Upheld Agree

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X had an on-the-job accident. X slipped and fell. X tripped over a X. X had immediate pain in X low back on the left side. The diagnosis was sprain of ligaments of lumbar spine, initial encounter.

On X, X was seen by X, MD, for follow-up evaluation of low back pain. The pain radiated into the right lower extremity. MRI of the X. At the time, X was able to sit for more than X minutes, stand for less than X minutes, and walk for less than X minutes. X rated the ongoing pain as X, at worst X, and at best X. X reported improvement in overall pain by half. After the procedure (X), X was having pain again and would like another X. Lumbar examination X. X of the X was recommended. If X was successful, X, followed by X would be requested in addition to X. X was advised. On X, X was seen by Dr. X, for follow-up of X. MRI of the X. At the time, X was able to sit for more than X minutes, stand for less than X minutes, and walk for less than X minutes. X rated the ongoing pain as X, at worst X and at best X. The X were denied. Dr. X said that X was not a candidate for surgery. On examination, blood pressure was 152/99 mmHg. There were no significant changes in the physical exam since the prior office visit noted. Dr. X would appeal the denial of the X. X was referred to the pain program. Functional capacity evaluation (FCE) and psychiatry evaluation was ordered. On X, X was seen by X, DO, for follow-up of low back pain. X reported continued midback pain. X had completed X, on X and X without improvement of pain. X had been re-evaluated by ortho-spine, X, MD, who recommended being off-work, and continued pain management. X reported that symptoms were unchanged. There was bilateral mid and lower back pain. The pain did not radiate. X described X pain as sharp in nature. Associated symptoms included back stiffness and decreased spine range of motion. Exacerbating factors included twisting, walking and bending. Hip pain symptoms were unchanged. Symptoms were located in the

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right buttock, and in the right thigh. They occurred frequently. X described X pain as sharp in nature. The severity of the pain was moderate. Associated symptoms included limp, tenderness, and thigh pain. Exacerbating factors included direct pressure, walking, and weight bearing. On examination, blood pressure was 107/73 mmHg, weight was 168 pounds, and body mass index (BMI) was 32.81 kg/m². X was well appearing, well-nourished, and in no acute distress. Head was normocephalic and atraumatic. Back examination showed appearance was normal curvature without deformity. It showed tenderness. Range of motion was abnormal in all planes with pain. Sensation was normal in the lower extremities. Right hip examination showed normal appearance. Gait was antalgic. Posterior hip, and lateral thigh showed tenderness. Range of motion was abnormal with pain. Motor strength was abnormal at X. Sensory and circulatory function was normal. X was advised to follow-up with pain management. On X, X was seen by Dr. X for follow-up of low back pain that radiated into the right lower extremity. MRI of the lumbosacral (LS) spine was X. On examination, there were no significant changes in physical examination since the prior office visit. The assessment was sprain of ligaments of lumbar spine. Dr. X would appeal X to IRO and refer X. Per a Functional Capacity Evaluation dated X completed by X was referred for FCE to determine overall musculoskeletal and functional abilities as it related to the physical demands outlined by the United States Department of Labor in the Dictionary of Occupational Titles. X reported X was working in the cafeteria when X slipped on a dolly that was sticking out under the table where X was placing a cake X had carried. X reported X did not feel pain until five minutes later when X realized X hit X head too, and X whole body hurt. X reported X coworkers called management who then called an ambulance to take X to the emergency room (ER). X reported at the ER, and an MRI was taken. X reported X saw Dr. X, Dr. X, and Dr. X for X injury. No surgeries were performed. X reported having not done any X. X reported being seen on the day for the evaluation for X pain. X reported a follow up appointment on X with Dr. X. At the time, X reported X was walking around some, elevating X legs, and X. X reported bathing and cooking were difficult due to X pain. X reported X could not sit more than X minutes nor stand more than X minutes. On examination, blood pressure was 139/82 mmHg, weight was 150 pounds. X rated ongoing pain X, average pain X, least pain X and worst pain was X. The Oswestry Low Back Disability

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Questionnaire was performed and scored at a X which would suggest crippled. Back pain impinges on all aspects of these patient's lives both at home and at work and positive intervention was required. This level may suggest the potential for unreliable pain reports during functional testing. Per a summary, X used crutches during walking in portions of the FCE and performed with limiting factors of: increased pain, maximum effort, terminated, and X anxiety. 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: anxiety, X was terminated, increased pain and maximum effort. Regarding job demand match, this job specific evaluation was performed in a X approach and X demonstrated the ability to perform X of the physical demands of X job as a X. The return to work test items X was unable to achieve successfully during this evaluation included: occasional squat lifting, frequent squat lifting, occasional power lifting, occasional shoulder lifting, occasional overhead lifting, frequent overhead lifting, occasional bilateral carrying, occasional pushing, occasional pulling, gross motor coordination, fine motor coordination, simple grasping, firm grasping, pinching, squatting, sustained squatting, walking, forward reaching, above shoulder reaching, static balance up off of the ground, dynamic balance up off of the ground, sitting and standing. X demonstrated the ability to perform within the SEDENTARY Physical Demand Category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles, which was below X jobs demand. category. Based on sitting and standing abilities, X may be able to work full time within the functional abilities outlined in this report. It should be noted that X was classified within the MEDIUM Physical Demand Category.

An MRI of lumbar spine dated X revealed the following findings: at the X, there was X. At the X, there was X. At the X. At the X level, there was X. At the X. There were subacute fractures involving the X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "X, the Official Disability Guidelines

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conditionally recommends it for patients that meet the criteria such as initial X; a candidate for X. In addition, X. The request is not supported based on the submitted documentation. The referenced guidelines conditionally recommend X X. In addition, fluoroscopy-guided X should be utilized. The claimant had a consistent severe low back pain that radiated down to the lower extremities and was accompanied by tenderness and limited functional capacities. They were X. However, it was seen on the MRI of the X. The request is not medically necessary and did not meet the guideline recommendations and there were no extenuating factors that would warrant a variance to the guidelines. Therefore, the prospective request for X is non-certified.

Per a reconsideration review adverse determination letter dated X, X, MD, non-certified the appeal request for X. Rationale: "The provider is requesting certification for X as the first request was non-certified on review X dated X due to the guideline criteria for X. In an appeal dated X, the provider stated that the procedure is required for their diagnosis. They indicated that the requested procedure will not be scheduled until a determination is made. Based on the medical records, the claimant's injury was due to a motor vehicle collision. The diagnosis was a sprain of the lumbar spine ligaments. The work status was undisclosed. Previous treatments included X. A lumbar MRI was done on X, which revealed X. There was X. There was X. According to the progress report submitted by X, M.D., dated X, the claimant presented with constant, aching low back pain currently rated at X, X at worst, and X at best. Pain radiated to the right lower extremity. They were able to sit for more than X minutes and stand and walk for less than X minutes. They reported that nothing relieves pain and that there have been no changes since the last visit. On examination, there were no significant changes noted since the last visit. The visit dated X had physical examination findings of X. There was also pain in the X. Their provider noted that the claimant was not a candidate for surgery. The provider is appealing the prior determination at this time. Regarding X, the Official Disability Guidelines recommend an X. The claimant must be a candidate for X. There should be no coagulopathy or current infection. X are not recommended for the treatment of X. Per submitted documentation, there was a prior non-certification for X dated X due to the guideline criteria for X. The request is not supported based on the

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submitted documentation. The referenced guideline recommends X. An individual must be a candidate for X. It should be performed on X. The claimant was diagnosed with lumbar spine ligament strain and had severe, persistent, chronic low back pain despite conservative pain measures such as X. The requested service was to be performed on X. However, the claimant was noted to be not a candidate for surgery. The imaging findings indicated that they had X. In addition, the guideline recommends against the use of X. The prior review under X was noncertified as the guideline criteria for its use were not met. Given the above information, the medical necessity of the requested service was not established. Therefore, the appeal request for X is non-certified.”

Thoroughly reviewed provided records including imaging results, provider notes, and peer reviews.

Patient with symptoms potentially consistent with X. Given continued pain for over X. However, X. Prospective request for X is medically necessary and certified and with 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 imaging results, provider notes, and peer reviews.

Patient with X. Given continued X. However, X. Prospective request for X is medically necessary and certified and with X is not medically necessary and non-certified

Partially Overturned

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE