Pure Resolutions LLC

Notice of Independent Review Decision

Pure Resolutions LLC
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Amendment X

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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. X sustained slip and fall injury. X was working in the X. X fell backward over the bench. The diagnosis included spondylosis without myelopathy or radiculopathy, lumbar region; traumatic spondylopathy, lumbar region; other intervertebral disc displacement, lumbar region; radiculopathy, lumbar region; muscle spasm of back; cervicalgia; and unspecified fall, sequela.

X was seen by X, MD on X for left lower back pain and left hip pain. X reported that since the onset of pain, the pain had remained the same. The pain is described as sharp, throbbing, hot / burning, squeezing, and throbbing. The pain had affected X ability to work, sleep, and mood. The pain was better with X. The pain was worse with sitting, running, and lifting. Oswestry Questionnaire score was X and SOAP R score was X. PMP dated X was X. X Patient Health Questionnaire (PHQ)-X score was X (severe depression); PHQ-X score was X. X body mass index was 32.98 kg/m2. The lower back examination revealed X. X was X. X was X. The cervical spine examination was notable for X. It was noted that X was doing a lot of X, but when X was not done X pain would increase. The provider believed X would benefit from the X. Every X had to call in sick due to the pain. X noted not exercising more due to the pain. And X noted X did not do more chores at the time. X was requested.

Designated doctor examination dated X by X, DC. X reported, "X." Referencing the available medical records, X was X. Considering that X landed on X left side, X twisted to the left during the fall onto the concrete flooring. X complained of constant pain in X lower back on the left side, left lateral flank pain, left-sided groin pain, numbness in X left testicle, left-sided neck and elbow pain. The average pain was rated X. The pain was described as aching, stabbing, with sensations of numbness and pins and needles. X reported experiencing weakness in X lower back on the left side with left-sided neck and elbow weakness. A sensation of numbness

was noted to be located in the left-sided lower back, left testicle, left groin area, elbow, and neck. Lumbar spine active range of motion revealed right flexion X degrees, right extension X degrees, right lateral flexion X degrees and left lateral flexion X degrees. Per the note, MRI of the lumbar spine on X showed X. It was noted that there was decreased X was recommended and a X. X for lumbar spine was recommended. X had not reached maximum medical improvement and would reach on or about X; that would allow enough time for X to complete the recommended treatments.

Treatment to date included X.

Per the Adverse Determination Letter on X by X, MD, the request for X was non-certified. Rationale: "ODG by MCG Last review/update date: X, X: X Conditionally Recommended-CR Recommended as an option; may be a first-line or second-line option. In regard to this request, the patient complains of radicular pain in the left leg per a note dated X. Physical exam documents X. Presentation is inconsistent with a diagnosis of facet-mediated pain. Criteria not met. The request is not shown to be medically necessary and appropriate. As such, the requested X is non-authorized."

Per the Adverse Determination Letter on X by X, MD, the request for X was non-certified. Rationale: "ODG by MCG Last review/update date: X, X: X Conditionally Recommended-CR Recommended as an option; may be a first-line or second-line option. This is a case of a patient with complaints of back and left thigh pain after a twisting injury at the X. The patient has persistent pain despite X. The guidelines do not support X. In this case, the patient has radiculopathy in the left leg, raising the possibility of nerve root compression from spinal stenosis noted on the Magnetic Resonance Imaging (MRI) scan. A X is being recommended for this patient with X. The patient has X. Examination consistently reveals localized lower back pain, right greater than left, aggravated by lateral bending. No significant leg pain. Degenerative disc disease of the lumbar spine is diagnosed. As such, the requested X is non-authorized."

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

Patient with continued back pain X. The patient has X. Thus, patient's presentation is consistent with X is warranted. X is medically necessary and 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, imaging findings, and peer reviews.

Patient with continued back pain X. The patient has X. Thus, patient's presentation is consistent with X requested is warranted. X is medically necessary and certified

Overturned

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

☐ 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