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Notice of Independent Review Decision

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 Overtuned (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. X was working in X. While lifting two boxes, X felt sudden pain in X back causing X to cry and almost fell down in severe pain. The diagnoses were chronic back pain syndrome associated with axial back pain consistent with lumbar facet syndrome following fall injury and secondary myofascial pain syndrome with generalized deconditioning and core weakness associated with chronic back pain syndrome associated with axial back pain consistent with lumbar facet syndrome following fall injury. On X, X was seen by X, DO for initial pain evaluation visit. X presented with severe axial back, right thigh pain above the level of the knee aggravated with side bending and extension. X gave a good work history, working in X. While lifting boxes, X felt sudden pain in X back causing X to cry and almost fell in severe pain. X spoke to X husband, and they decided to go to the emergency room and was discharged and ultimately underwent X. X wanted to try X, however, after expressing that over a year this X. On X an MRI of the X, was noted at least X levels. X described X pain as dull, achy, and it was particularly bad at night. It was worsened with side bending and extension. X denied any pain below the level of the knee. X were not provoking, more positional changes. X rated X pain X at the time of visit; however, it went to X after most routine daily activities including playing with X young child. The physical examination revealed X was in moderate distress to chief

complaint. X was also noted in the lumbar spine. X had exquisite facet tenderness over X. Straight leg raising showed X. Lasegue testing was X. No X changes were noted. Neurologically, X was otherwise intact. X in the form of X was recommended. The plan was for X. Online psychiatric assessment showed X. Due to X ASA III status, fear and anxiety associated with X. On X, X was seen by Dr. X for a follow-up back pain. X continued to have moderate-to-severe axial back pain aggravated with side bending and extension to X lateral thigh. In addition, X had a mild Patrick test on the right. X primary pain generator on the day continued to be the lumbar facet regions at X. Dr. X had already gone over the causation of X pain and injury associated with X work injury on X. X had X. At the time, X fell and side bended and extended to the right that could X. These injuries were not mutually exclusive. X could have multitude of pain generators, but on the day, the most pronounced pain generator continued to be in the X. X was eagerly waiting to go ahead with X. X had already gone X. X was recommended as X. It was noted that further delays in this treatment would lead to refractory costly pain complaint. Dr. X went over the peer denial, and believed it was inappropriate and unreasonable for this injury. This was not an injury of diagnostic testing value. This was a clinical examination by two physicians Dr. X who was very experienced in musculoskeletal pain as well as Dr. X had outlined a standardized treatment regimen based on the ODG guidelines and was recommending this as soon as possible. In the meantime, X was advised to continue with X. On X, X was seen by Dr. X for a follow-up of back pain. X continued to have moderate-to-severe axial back pain aggravated with side

bending and extension. Based on evidence-based medicines accepted by the ODG guidelines, X was due the treatment, which would either ameliorate or relieve the natural compensable disease state. X was consistent with mechanical back pain syndrome. The direct treatment for interventional pain included X. X did not want the higher-level care. The higher-level care would include X followed by X. Dr. X believed that at the time, X would do extremely well with X. Unfortunately, X went for peer review by an individual who was not a Board-Certified Clinical Pain specialist. “Dr. X” was infamous in X denial of care particularly interventions which would help patients under the Texas Labor code. Dr. X stated that X was trying to avoid opioids in lieu of the opioids epidemic. As a result, Dr. X was going to resubmit for X. This should go long way in hastening X recovery period. Continued exercise, rehabilitative care with Dr. X was advised. An MRI of the lumbar spine on X revealed a X. There was X. There was X. The interspinous ligaments were acutely edematous at X. Treatment to date included X. Per the adverse determination letter dated X by X, MD, the prospective request for X was denied. Rationale: “Per the submitted documentation, the request is not warranted. The cited guidelines does not recommend X. The claimant had ongoing moderate to severe axial back pain aggravated with side bending, extension to their lateral thigh, and mild Patrick’s test on the right. They had X. The lumbar MRI showed X. The request is not supported as guidelines does not support it for lumbar spine pain and there were no extenuating factors that warrant a deviation from the guideline recommendations. Therefore, the request for X is non-certified.

Per the utilization review letter dated X by X, MD, for the determination date of X, the prospective request for X was denied. Rationale: “Per the submitted documentation, the request for X is not warranted. The referenced guidelines stated that X was not recommended as a first-line option for the treatment of X. In this case, the claimant complained of continued moderate-to-severe axial back pain which was consistent with mechanical back pain syndrome as a result of a work-related injury. An MRI of the lumbar spine showed X. They were diagnosed with lumbar sprain/strain and lumbar pain which were treated with conservative treatments but remained symptomatic. The provider noted that the claimant did not want a higher level of care which included X. Although the provider stated that the request may help the claimant X, the request is not medically necessary as the guidelines did not support and did not recommend as a first-line option for the treatment of lumbar spinal pain as evidenced-based technology found limited evidence to suggest the usage of X. Therefore, the prospective request for X is non-certified. The request for X is non-certified and the previous denials are upheld. Per the adverse determination letter dated X by X, MD, the prospective request for X was denied. Rationale: “Per the submitted documentation, the request is not warranted. The cited guidelines do not recommend X for lumbar spine pain. The claimant had ongoing moderate to severe axial back pain aggravated with side bending, extension to their lateral thigh, and mild Patrick’s test on the right. They had X. The lumbar MRI showed X. The request is not supported as guidelines do not support it for lumbar spine pain

and there were no extenuating factors that warrant a deviation from the guideline recommendations. Therefore, the request for X is non-certified." Per the utilization review letter dated X by X, MD, for the determination date of X, the prospective request for X was denied. Rationale: "Per the submitted documentation, the request for X is not warranted. The referenced guidelines stated that X was not recommended as a first-line option for the treatment of lumbar spinal pain as evidence showed inconclusive benefit, lack of benefit, or potential harm. In this case, the claimant complained of continued moderate-to-severe axial back pain which was consistent with mechanical back pain syndrome as a result of a work-related injury. An MRI of the lumbar spine showed X. They were diagnosed with lumbar sprain/strain and lumbar pain which were treated with conservative treatments but remained symptomatic. The provider noted that the claimant did not want a higher level of care which included X. Although the provider stated that the request may help the X, the request is not medically necessary as the guidelines did not support and did not recommend as a first-line option for the treatment of lumbar spinal pain as evidenced-based technology found limited evidence to suggest the usage of X. Therefore, the prospective request for X is non-certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that diagnostic X may be indicated when specific criteria are met including patient is a candidate for facet neurotomy. However, the submitted clinical records indicate that this patient does not want a higher level of care which includes X. X are not

recommended for treatment of lumbar spinal pain. It is noted that evidence shows inconclusive benefit, lack of benefit or potential harm. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines. Recommend prospective request for 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:

The request for is non-certified and the previous denials are upheld. Per the adverse determination letter dated by, MD, the prospective request for was denied. Rationale: “Per the submitted documentation, the request is not warranted. The cited guidelines does not recommend X. The claimant had ongoing moderate to severe axial back pain aggravated with side bending, extension to their lateral thigh, and mild Patrick’s test on the right. They had failed conservative care. The lumbar MRI showed X. The request is not supported as guidelines does not support it for lumbar spine pain and there were no extenuating factors that warrant a deviation from the guideline recommendations. Therefore, the request for X is non-certified.” Per the utilization review letter dated X by X, MD, for the determination date of X, the prospective request for X was denied. Rationale: “Per the submitted documentation, the request for X is not warranted. The referenced guidelines stated that X was not recommended as a first-line option for the

treatment of lumbar spinal pain as evidence showed inconclusive benefit, lack of benefit, or potential harm. In this case, the claimant complained of continued moderate-to-severe axial back pain which was consistent with mechanical back pain syndrome as a result of a work-related injury. An MRI of the lumbar spine showed X. They were diagnosed with lumbar sprain/strain and lumbar pain which were treated with conservative treatments but remained symptomatic. The provider noted that the claimant did not want a higher level of care which included X. Although the provider stated that the request may help the X, the request is not medically necessary as the guidelines did not support and did not recommend as a first-line option for the treatment of lumbar spinal pain as evidenced-based technology found limited evidence to suggest the usage of X. Therefore, the prospective request for X is non-certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that X may be indicated when specific criteria are met including patient is a candidate for X. However, the submitted clinical records indicate that this patient does not want a higher level of care which includes X. X are not recommended for treatment of lumbar spinal pain. It is noted that evidence shows inconclusive benefit, lack of benefit or potential harm. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines. Recommend prospective request for 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)**