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Notice of Independent Review Decision

Sent to the Following

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 is a X who was injured on X. X was working as a UPS driver. X was injured when X. X got up, somewhat stunned, noticing back pain as it developed throughout the course of the day, numbness and tingling later developed into the evening hours. Since this time, X had persistent back pain despite X. The diagnosis was chronic back pain syndrome consistent with intervertebral disc disorder at X and X with persistent left lumbar radiculopathy following work injury and secondary myofascial pain syndrome.

On X, X, DO had seen X for initial pain evaluation. X had chief complaint of chronic persistent back, left buttock and left leg pain below the level of the knee associated with numbness, weakness, and tingling following a X on X. On examination, X walked with an antalgic limp and gait. Musculoskeletal examination revealed X. Lumbosacral flexion was limited to X degrees with reproduction of back pain. X had X. X had a positive straight leg raising sign X degrees on the left, X degrees on the right with a X. No X were noted. X was noted. X did have difficulty as well standing on X heels. Patrick test of the hips were unremarkable.

On X, X, DO evaluated X for a follow-up visit. X continued to have severe axial back, bilateral left greater than right buttock pain radiating below the level of the knee having X. At which time, X flipped on X truck noticing shooting pain which had persisted. The other day, while riding in X personal car, X noted severe pain. X

had to pull over and walk. X had exhausted X and as a result, Dr. X had recommended X. X was disappointed and Dr. X looked with disbelief that a nephrologist which was now with internal medicine who did not practice medicine or was familiar with interventional pain care had rendered opinions outside the convention of care. They had marginally been able to help X with X. X had exhausted all X. At the time of visit, X walked with an antalgic limp and gait. X pain was X to X. Furthermore, the doctor who reviewed this case by virtue of X decision not to approve of this showed X limited knowledge, education and training in this field of which X was asking to opine. As a result of this denial, X was raising healthcare cost. X was leading to further pain and suffering. X as standard provisions by this office elaborated on Dr. X notations on X initial evaluation as well as my subsequent follow-up that they would go after the X. For instance, X had more left leg pain, so of course, they were going to be more lateral to the left, that being said, the drug therapy at volumes X to X mL circumferentially was deposited on both sides. X had exhausted all previous attempts in alleviating X pain and suffering consistent with the Texas Labor Code.

An MRI of lumbar spine dated X, revealed a X. A right foraminal X. There was loss of the normal concavity of the posterior disc space at X.

Treatment to date included medications X.

Per a utilization review adverse determination letter dated X by X,

MD, the request for X was denied. Rationale: “Regarding X, the Official Disability Guidelines recommend this X. This X is not recommended for chronic low back pain and lumbar spinal stenosis without radiculopathy. X is not recommended with the use of moderate or deep sedation. Per the submitted documentation, the request for X is not warranted. The guidelines recommend this X. This X is not recommended with the use of moderate or deep sedation. The claimant presented with axial back, buttock, and leg pain complaints. They reported continued suffering from moderate to severe pain. Objective findings showed X. Considering the clinical findings consistent with radicular symptoms, and the MRI findings which showed a X. The request for X is not supported by the guidelines; however, considering the noted ongoing anxiety, the request is warranted as a variance. However, the laterality and approach for the requested X is not indicated and the jurisdiction does not allow a request for more information. Therefore, the prospective request for X is non-certified.”

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “The claimant is X years old with a date of injury of X. The provider submitted a prospective request for X. This is an appeal to review X which was noncertified by X, MD, on X. Regarding X, the Official Disability Guidelines (ODG) recommend this X for lumbar radiculopathy by history such as radiation of pain and numbness along the distribution of the affected spinal root, diagnostic imaging correlates with symptoms, procedure performed via interlaminar

after failure to respond to other treatments such as X. This X is not recommended for chronic low back pain and lumbar spinal stenosis without radiculopathy. X is not recommended with the use of X. Per the submitted documentation, the request is not warranted. The prior non-certification for X on X was based on the fact that the laterality and approach for the requested X is not indicated and the jurisdiction does not allow a request for more information. The guidelines recommend this X for lumbar radiculopathy by history, diagnostic imaging correlates with symptoms and after failure to respond to other treatments, pain causes functional disability and performed via interlaminar under fluoroscopic guidance. This X is not recommended with the use of moderate or deep sedation. The claimant presented persistent moderate to severe with axial back, buttock, and leg pain complaints. Objective findings showed decreased X, positive straight leg raising sign on the right at X degrees, and contralateral straight leg at X degrees on the left. Considering the clinical findings consistent with radicular symptoms, and the MRI findings which showed a X. The request for X is not supported by the guidelines; however, considering the noted ongoing anxiety, the request is warranted as a variance. However, the type of X to be used was not specified. Requesting additional information is not permitted by the jurisdiction; hence, the medical necessity of the request cannot be established at this time. Therefore, the appeal for the prospective request for X is non-certified."

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

Patient with back pain radiating in radicular distribution consistent with lumbar radiculopathy diagnosis. Furthermore, the imaging findings reveal X. Given failure of X is warranted. The provider specified X (aka X) approach. The provider also noted patients had anxiety issues for which X is indicated. Recommend prospective request for 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 back pain radiating in radicular distribution consistent with lumbar radiculopathy diagnosis. Furthermore, the imaging findings reveal X. Given failure of X is warranted. The provider specified X (aka X) approach. The provider also noted patients had anxiety issues for which X is indicated. Recommend prospective request for X is medically necessary and certified.

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)**