

Physio Solutions
LLC 7500
Brooktree Rd STE
300
Wexford, PA
15090



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 individual diagnosed with strain of muscle, fascia, and tendon in the left hip and lower back and seeking coverage for X.

The member's date of injury is X. The member reports that a X. The member was initially diagnosed with lumbar and left hip strain. Treatment to date includes X. The progress report dated X indicates that the member reported sharp back pain with a rating of X. X was not taking any medication and had received multiple sessions of physical therapy without any improvement. It is also noted that home exercises did not help. On physical examination, toe and heel walking was good. Flexion, extension, and rotation of the lumbosacral spine was decreased by X in all planes. It is also noted that straight leg raising

was X. Motor strength was X in the lower extremities, and sensory was intact. The progress report dated X indicates that the member presented for follow-up with complaints of chronic persistent low back pain. The pain was rated X, and there was continuous pain aggravated by walking and relieved when sitting and lying down. Review of the musculoskeletal system showed no radiating low back pain. The physical examination of the lumbar spine revealed X. There was presence of X. Previous treatments were unsuccessful, such as X. The diagnosis is lumber strain/sprain. The member is recommended for X.

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

The member is a X individual diagnosed with strain of muscle, fascia, and tendon in the left hip and lower back and seeking coverage for X.

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. The initial request was non-certified noting, "There is no record of physical examination findings, imaging findings, or other objective findings indicative of facetogenic low back pain. The request is not shown to be medically necessary for the patient. Therefore, the request for X is non-certified." The denial was upheld on appeal, noting, "However, the review of systems notes no radiating pain, reducing the likelihood of nerve root involvement. Although an MRI is available, it does not document X, which is a necessary criterion for proceeding with X per ODG guidelines. Additionally, no imaging evidence supporting X. As such, medical necessity has not been established. Therefore, the request for

X is not 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. The submitted physical examinations fail to establish the presence of X. There is no documentation of positive X. The member reportedly underwent a X; however, this report is not submitted for review. Therefore, medical necessity has not been established in accordance with current evidence-based guidelines. As such, the denial of X is upheld.

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)

Manchikanti, Laxmaiah, et al. " model." *Pain Physician* 23.5 (2020): 519.