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**Notice of
Independent Review
Decision**

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

Patient clinical history

List of Records Reviewed:

X

Summary:

X, date of birth X, is a X individual diagnosed with intervertebral disc degeneration in the lumbar region, a strain of muscle, fascia, and tendon at the neck, strain of muscle, fascia, and tendon at the lower back, strain of muscle and tendon of the wall of the thorax, and cervical disc degeneration of the cervical region and seeking coverage for X; X; X; X.

The claimant's date of injury is X. The claimant was X. The claimant was diagnosed with other intervertebral disc degeneration, lumbar region; strain of muscle, fascia, and tendon at the neck level; strain of muscle, fascia, and tendon of the lower back; strain of muscle and tendon of unspecified wall of the thorax; and other cervical disc degeneration, unspecified cervical region. An MRI of the lumbar spine dated X showed X. The Initial Pain Management Evaluation dated X indicates that there was documentation of neck and lower back pain rated as X. The pain was described as sharp, burning, constant, and tingling with numbness. It was made worse by bending and holding the arm up. Prior treatments included X. Notedly, the claimant was able to do about X of the job. There was no light duty at work. On physical examination, flexion, extension, and rotation of the lumbosacral spine were decreased by X. The remainder of the exam was unremarkable. An MRI of the cervical spine was reviewed and revealed X. An updated lumbar MRI was reviewed, and X. The assessment included the diagnoses of cervical sprain and strain, thoracic sprain and strain, and lumbar sprain and strain. The treatment plan included X. Other recommended treatments included X as per ODG, and X if it was successful.

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

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, "In this case, lumbar spine MRI revealed X. There is no record of X. Therefore, the request for X, is not medically necessary." The same rationale applied to the X. Also, "In this case, the claimant reported X. However, there is no record of X. Therefore, the request for X, is not medically necessary." The same rationale was applied to the X as well.

The denial was upheld on appeal noting that, "Appeal for X The Official Disability Guidelines would support X. There should be complaints of pain in X. In this case, it is unclear why there is a request for X. Progress notes dated X, by Dr. X, do not include any objective findings of X. Accordingly, the request for an Appeal for a X, is not medically necessary. Appeal for X The Official Disability Guidelines would support X. There should be complaints of pain in X. In this case, it is unclear why there is a request for X. Progress notes dated X, by Dr. X, do not include any objective findings of X. Accordingly, the request for an Appeal for a X, is not medically necessary.

Also, “X, The Official Disability Guidelines would support X. There should be complaints of pain in X. In this case, it is unclear why there is a request for X. Progress notes dated X, by Dr. X do not include any complaints of cervical spine pain, nor is a physical examination of the cervical spine performed. Accordingly, the request for an Appeal for X, is not medically necessary. Regarding the Appeal for X, the Official Disability Guidelines would support X for confirmation of facet- mediated pain. There should be complaints of pain in the X. In this case, it is unclear why there is a request for X. Progress notes dated X, by Dr. X do not include any complaints of cervical spine pain, nor is a physical examination of the cervical spine performed. Accordingly, the request for Appeal for X, is not medically necessary.”

There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that an initial diagnostic X is recommended to diagnose facet pain (X are necessary to diagnose facet pain). The submitted physical examination fails to document X. There is no documentation of tenderness to palpation over the specific facet levels being requested. There is no documentation of X. The claimant is diagnosed with cervical, thoracic, and lumbar sprain and strain. The MRI of the lumbar spine notes there is X. The MRI of the cervical spine notes there is X. Therefore, I recommend that the previous denial remain upheld and the request for X; X; X; 1 X remain denied.

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)