

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X.

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now X patient with a diagnosis of Vertebrogenic low back pain and Radiculopathy, lumbar region requesting for X.

Magnetic resonance imaging (MRI) Lumbar Spine on X showed X. There was a X.

On X, the patient was seen for X. Electrodiagnostic evaluation done which showed X. However, X were noted.

The patient was seen on X and a complete neurological examination was done. X on the left at X degrees produced low back pain. Motor exam revealed X noted. Sensory exam revealed X. Electromyography (EMG) of the left lower extremity revealed X. Due to the worsening of the patient's condition, and a X.

According to the appeal letter dated X, the X were ordered to evaluate X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND

CONCLUSIONS USED TO SUPPORT THE DECISION: This is a X patient with a diagnosis of Vertebrogenic low back pain and Radiculopathy, lumbar region requesting for X. The request was previously denied on X and X. X was injured on the job on X, X. X has been taking X. X reported increased low back pain that radiates to the left leg all the way down to X left foot, X also reported numbness in X foot. Lumbar spine x-ray demonstrated a X on X revealed X. X were administered with X to X relief, however pain continued. X was prescribed however pain still continued. The physical, imaging,

and Electromyography (EMG) were done which was consistent of X. There were X. Although, X are recommended for the evaluation of X. Therefore, the denial of the request for X is upheld and not medically necessary at this time.

SOURCE OF REVIEW CRITERIA:

- ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase
- 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
- 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)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:X