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

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:

Upheld **X**
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.

The medical necessity is not established for X.

Information provided to the IRO for review

X date of birth X is a X-year old individual diagnosed with disc degeneration at L5-S1. The member reported a workplace injury on X when X. The member had undergone X. The X lumbar MRI report noted X. No X was noted. The X psychological evaluation found no significant risks for surgical intervention. The X evaluation was X.

Per the X CT Scan of the Lumbar Spine, the impression revealed X.

Per the X Initial Physical Therapy Examination with X, PT, DPT, OCS, the member presented for X following a work-related injury that occurred on X, when X. X experienced a popping sensation and subsequently has had persistent low back pain radiating down X left leg, along with numbness in X leg and toes. Since the incident, X has been off work and has not been able to perform daily activities, relying on a heating pad for pain relief. X medical history includes a X in X and multiple X. Current medications include X. X primary goals are to alleviate the pain in X back and leg. During the examination, X demonstrated difficulty with movement, ambulating with decreased flexion and stance time on the left side while leaning to the right to relieve pressure.

Per the X Designated Doctor Evaluation with X, DC, the member sustained a lower back injury on X, while working at X. X felt acute pain after X. Medical evaluations revealed a X. After being admitted to the hospital and undergoing CT and MRI scans, X received anti-inflammatory medications and was advised to follow up as an outpatient. Subsequent visits included X, where X reported minimal improvement and experienced radiating pain into X left leg. X was eventually evaluated by specialists, including Dr. X, who suggested X, though the request was denied. Despite ongoing X, progress remained limited. The assigned statutory maximum medical improvement (MMI) date is X.

Per the X MRI of the Lumbar Spine, the impression revealed a X.

Per the X Office Visit with X, MD, the member, presented for a follow-up regarding X low back pain and left lower extremity radiculopathy. X reported that X slipped on X on X, which led to ongoing pain despite undergoing X. X feels about X improved but wishes to explore surgical options as X feels X has exhausted other treatments. X physical exam showed stable vitals, and X history included being a former smoker with no significant alcohol consumption. An MRI review indicated some resolution of X. Overall, there are no significant findings indicating X.

Per the X Behavioral Health Evaluation with X, LPC, the member was referred for a X. X current pain intensity is rated X, with discomfort exacerbated by bending, twisting, sitting for long periods, and walking more than half a mile. X experiences relief through activity modification, resting, and hot therapy. X quality of life is rated as fair, with significant functional limitations affecting daily activities. X has gained X pounds since the injury, primarily due to decreased physical activity and discomfort. Although generally happy, X feels frustrated with X physical limitations and has experienced intermittent mild depression related to X injury. Cognitively, there are no reported concerns, and X has a supportive family environment, being married for X years with X children and X grandchildren. X has not undergone spine surgery and continues to manage X condition through X.

Per the X Sedgwick Notice of Adverse Determination, the request for X. After review, the request was denied based on a lack of medical necessity.

List of Records Reviewed:

X

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

The member is a X-year-old individual diagnosed with disc degeneration at L5-S1. This request was not recommended due to a lack of supporting imaging and physical exam findings. The member had described ongoing pain in the lower back and legs despite conservative treatment. However, after a review of the most recent lumbar MRI report there was no evidence of X. The Official Disability Guidelines for X do not recommend X. The most recent evaluation of the member also did not detail evidence of X. Therefore, the medical necessity could not be established. As such, it is recommended that the previous denial be upheld and the request for X be denied.

Description and source of the screening criteria or other clinical basis used to make the decision

X ODG - Official Disability Guidelines & Treatment Guidelines

X Peer Reviewed Nationally Accepted Medical Literature (Provide A Description)