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Notice of Independent Review Decision

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 Overturned Agree in part/Disagree in part
- Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. X reported that while working as a X, following an ice storm, X was required to do a safety check on the inside and outside of the X. X mentioned X completed the inside check and was going down the steps of the X to start the outside check when X slipped on the stairs and X feet came out from beneath X. X reported X grabbed a hold of the bar to the doors, but gravity still pulled X down the steps. X sustained injuries to cervical spine and lumbar spine. The diagnoses included other spondylosis, lumbar region; dorsalgia, chronic pain syndrome; lumbosacral radiculitis; lumbar post-laminectomy syndrome; muscle spasm; and left hip arthritis.

X was seen by X, NP on X for a follow-up of persistent neck, arm, low back, and leg pain. The pain was rated X. The pain was located in the lower back with radiation to the bilateral lower extremities left greater than the right. The pain was described as stabbing, burning, numbness, and aching. X was no longer able to work secondary to pain. X had previously seen a pain physician and underwent multiple interventions with minimal longstanding relief. X had also undergone X. X was X. X had attempted X with varying degrees of relief. X continued X. X had X for the cervical spine. X body mass index was 41.3 kg/m². X used a X. X ambulated with an X. Lumbar spine examination showed X. There was pain with extension and X. Tenderness to palpation was noted over X. Flexion, abduction, and external rotation (FABER) and thigh thrust tests caused lower back pain on the left. Gaenslen's test was X on the left. Strength was X throughout. X was recommended.

Per Confidential Procedural Clearance Evaluation note dated X, X was evaluated by X, PsyD on X. X presented for a psychological evaluation to determine psychological stability, prior to undergoing a X. X X were non-significant for depression or anxiety. The X indicated that given that there is an objective basis for X reports of severe pain, X was a remarkably stoic individual who was enduring disabling pain but coping well with X medical condition. There were no clinically significant scores on the X, demonstrating psychological stability. The X results did not indicate that X was suffering from any psychological condition which would interfere with X ability to understand and follow X. Testing demonstrated that X was capable of handling the psychological and physical discomfort that accompanied various medical procedures. X test information demonstrated that X was an acceptable X. X subsequently participated in X and was psychologically

stable and able to tolerate the pending procedure. The provider noted that X was psychologically stable with sound judgment and was capable of informed consent concerning the pending X. There was no evidence of psychopathology that would make X a X. X was psychologically cleared for the recommended X.

CT scan of the lumbar spine on X showed X. There was intact hardware with no loosening. A moderate disc space narrowing at X was noted. Moderate hypertrophic facet arthropathy at X was seen. There was mild disc space narrowing at X.

Treatment to date included X.

Per Notice of Adverse Determination review by X, MD on X, the requests for X were non-certified. Rationale: "Certification is not supported as the request(s) does not meet guidelines." The request for X is non-certified. Rationale: "ODG notes that X. There should be a favorable psychological evaluation performed by an independent behavioral health specialist. There must be lack of X. In this case, there is no evidence of a X. There is no objective evidence of X. Given no evidence of persistent leg pain that is determined to be related to nerve damage or neuropathic pain of lower extremity, the request for X is not supported. Therefore, this request is not medically necessary." The request for X is non-certified. Rationale: "ODG notes that a X. In this case, as the performance of X is not medically necessary, the use X is not supported. Therefore, this request is not medically necessary." The request for X is non-certified. Rationale: "ODG notes that a X is not medically necessary, the use of X is not supported. Therefore, this request is not medically necessary."

Per the Notice of Appeal - Adverse Determination review by X, MD on X, the requests for X were non-certified. Rationale: "ODG notes that X may be considered for X. Patient should be capable of operating stimulating device and X. There should be X. In this case, the records do not reveal evidence of X. Additionally, evidence of X. In addition, claim review notes that the claimant was X on X and there is no indication that this has been performed and failed to provide substantial benefit. Therefore, these requests are not medically necessary."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE 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 that, "The request for X is non-certified. Rationale: "ODG notes that X. There should be a X. There must be X. In this case, there is no evidence of a X. There is no objective evidence of X. Given no evidence of persistent leg pain that is determined to be related to X is not supported. Therefore, this request is not medically necessary." The denial was upheld on appeal noting that,

""ODG notes that X. Patient should be X. There should be X. Additionally, evidence of X. In addition, claim review notes that the claimant was X. Therefore, these requests are not medically necessary." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is documentation that the patient X. However, it is unclear when the patient last received treatment for the lumbar spine to X. There is a lack of documented persistent leg pain that is determined to be related to X. There are limited objective findings on the most recent office visit notes. Therefore, medical necessity is not established in accordance with current evidence based guidelines. X is not medically necessary and non-certified.

Non-certified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE