

Notice of Independent Review Decision

DATE OF REVIEW: 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:

- Upheld (Agree)
 Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who sustained an injury on X.

Mechanism of injury: X. Patient was diagnosed with sprain of ligaments of Lumbar Spine. The patient had X. Patient continues to complain of back pain with associated radicular component, the pain score ranges from X. Patient stated that laying down or putting X feet up helps the pain. Patient reported no relief of X pain or improvement from the X. On MRI dated X patient does have X.

Patient needed assistance from family members and friends regularly for basic daily activities and continued to rely on the provider as a primary means of pain relief. The mental examination showed Beck Depression Inventory-II scored X indicating severe depression, the Beck Anxiety Inventory scored X indicating severe anxiety, and the Fear Avoidance Beliefs Questionnaire scored X out of X on the work scale and X out of X on the activity scale. They determined that the claimant had no negative relationship with the employer. X enjoyed working and was anxious to return to work. X was motivated and was not discouraged about future employment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

Per ODG references, the requested "X "for the patient is not medically necessary.

Patient's pain and radiculopathy are related to X. Patient so far had X. The previous methods of treating chronic pain must be proven to be unsuccessful and there is an absence of other options likely to result in significant clinical improvement.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- AHCPR- 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 JUDGEMENT, CLINICAL
EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED
MEDICAL STANDARDS
- MERCY CENTER CONSENSUS
CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY
GUIDELINES & TREATMENT
GUIDELINES
- PRESSLEY 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