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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 was injured while working on X. X worked as a X. X got up, somewhat stunned, noticing back pain as it developed throughout the course of the day, numbness and tingling later developed into the evening hours. The diagnoses were lumbar sprain (X) and low back strain (X), chronic back pain syndrome consistent with intervertebral disc disorder at the L4-L5 and L5-S1 level with persistent left lumbar radiculopathy following work injury and secondary myofascial pain syndrome.

On X, X was seen by X, DO, for initial pain evaluation. X presented with the chief complaint of chronic persistent back, left buttock, and left leg pain below the level of the knee associated with numbness, weakness, and tingling following a X, when X. X got up somewhat stunned, noticing back pain as it developed throughout the course of the day; numbness and tingling later developed into the evening hours. Since that time, X had persistent back pain despite X. X back pain was X on a daily basis; it caused X a X. X could not sleep due to the shooting sensations in X buttock and leg below the level of the knee. X felt that sitting for prolonged periods of time, riding in the truck, coughing, and sudden movements had exacerbated this pain. X pain X. X felt a tight knot in X left buttock full time; coughing exacerbated this pain. X, showed good pain coping mechanisms as X answered X on X CESD. X ORT or risk for opioid misuse was X, X GAD-X was X. X PMP was satisfactory. They were waiting approval for X. X admitted to weight gain, sleep loss. X used to

be formerly active, going to the gym, but at the time, X could not do that. X was often limping and did admit to weakness. Physical examination revealed X. Neuromusculoskeletal examination revealed X. X had a positive straight leg raising sign X degrees on the left and X degrees on the right with a positive Laseque sign. Decreased pinprick in the X was noted. X did have difficulty as well standing on X heels. At the time, X should respond favorably to interventional pain care. Due to neuropathic pain, the dose of X, X. Dr. X gave X precautionary maneuvers to avoid throughout the course of the day. X would sleep with pillows under X knees at night; any prolonged standing, X should use X stepping stool. Daily walking was advised. X was suggested. On X, X was seen by Dr. X, for follow-up visit for X ongoing complaints of back, buttock and leg pain. On assessment, X reported X or more improvement of X axial back, buttock and leg pain, status post X. X was frustrated, X still could not do the things X formerly did. However, X had made significant improvement. X denied any bowel or bladder lose. X had a pain problem radiating into X left buttock and left leg below the level of the knee. X was spending greater uptime for exercising. X was avoiding heavy lifting. X was frustrated that X formerly could do much more. Dr. X explained, it was a process of healing the lumbar disk disruption and X had received the gains as they would suggest and were hoping for. As a result, X had continued shooting pain, however, Dr. X would give X some X. X was showing some emotional mood lability. Continued X. X had got the prerequisite X pain relief, improved function, decreased use of medications as the time X was X. X may use X. Dr. X had asked to back off from exercising every day to every other day as X continued to heal. X was using pillows at night under X knees. X was described as well as X. On X, X was seen by Dr. X, for follow-up of X ongoing complaints of back, buttock and leg pain. It was noted that X reported more than X improvement of X back, buttock, and leg pain for X. X was done at the X. X was quite anxious. X did receive minimal sedation with an excellent outcome. As a result, Dr. X was going to

recommend X. X did require both X. Dr. X was looking at the X. As a result, Dr. X was going to recommend the same treatment which was successful in the past. This would X. The X. Dr. X was recommending the X as X continued to have X. X did get X. X was X. X did use X. In the meantime, continued X were recommended. Dr. X did spend extra time with X going over the peer review process, X denial of care based on the peer physician's arbitrary determination not to provide the same level of care, which was provided previously.

An MRI of the lumbar spine dated X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the prospective request for X was denied. Rationale: "X. This X is not recommended for chronic low back pain and lumbar spinal stenosis without radiculopathy. X is not recommended X. Based on the submitted documentation, the request is not warranted. A prior review on file for X was non-certified under review X on X. Requesting additional information is not permitted by the jurisdiction; hence, the medical necessity of the request cannot be established at this time. The guidelines recommend X. This X. The claimant still had pain problems radiating to their left buttock and left leg below the level of the knee. They had continued shooting pains. Considering the clinical findings consistent with radicular symptoms, corroborated with MRI findings which showed a X on X which provided X pain relief, improved function, decreased use of medications as they are now X. The request is medically necessary based on the claimant's clinical presentation with ongoing pain and to help them fully recover and achieve functional gains. However, this request cannot be authorized, as request for X is not supported by the guidelines and is not necessary. Therefore, for this reason only, the request for X is non-certified."

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Regarding X. For a X, there should be a sustained improvement of function of more than X as measured from baseline, for more than X weeks following the X. There should also be pain or deterioration in function since X. X is not recommended with the use of moderate or deep sedation due to the need for potential patient report of symptoms during the procedure. Per the submitted documentation, the request is not warranted. A prior review on file for X was non-certified under review X on X due to the type of X. The cited guideline recommends X. These include diagnostic imaging correlating with symptoms, a X. Additionally, the procedure should be performed under X. X is not recommended with the use of moderate or deep sedation. Although the injured worker had continued pain radiating to the left buttock and leg, with MRI findings showing a X. This is due to the guideline's recommendation against sedation during the procedure, as it is unnecessary and may affect the accuracy of symptom reporting. Furthermore, there are no compelling factors to justify deviating from the guidelines. The prior non-certified request appears to have been appropriate and justified. Therefore, the appeal request for X is non-certified."

Thoroughly reviewed provided records including provider notes, imaging results, and peer reviews.

Patient had over X pain relief from prior X. Pain has since returned and the provider is requesting X. The patient has documented significant anxiety for which provider is requesting X. Based on cited ODG criteria, the request for X is appropriate. Prospective request for X is medically necessary and certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL

BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Thoroughly reviewed provided records including provider notes, imaging results, and peer reviews.

Patient had over X. Pain has since returned and the provider is requesting another X. The patient has documented significant anxiety for which provider is requesting X. Based on cited ODG criteria, the request for X is appropriate. Prospective request for X is medically necessary and certified.

Overtaken

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