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***Notice of Independent Review Decision
Amendment X***

IRO REVIEWER REPORT

Date: X;Amendment 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X, when X was involved in a X. The diagnosis was radiculopathy, cervical region (X), cervical spondylosis (X), and lumbar spondylosis (X). On X, X was evaluated by X, FNP-C, when X presented for follow-up of pain in the low back, neck, and shoulder. The pain was described as sharp; rated X; better by rest; and worsened by activity, lifting, looking up and down, sitting for long periods, standing for long periods, use, and walking for long periods. Previous therapies tried included X. The most recent urine drug screen (UDS) was reviewed and results were found to be consistent. At the time, X was X. They would X. At the time, X denied any leg or radicular symptoms. X continued to report axial neck pain and denied radicular symptoms at the time. X had pain that was worse with a X. X would be ordered. Review of the previous visit revealed X was X. Pain had hence returned. X was X. X was X. The low back pain was dull, aching pain worse with walking and improved with sitting or lying down. X was only able to walk one block and prior to injury, X had no limitations. On examination, X was noted to have worsened pain with X. The neck pain was dull, aching pain radiating into X shoulders and down to X shoulder blades. Pain was worse with X. X also endorsed headaches stemming from X neck. X had X. Injuries had X. X if possible and X if possible were planned. Home exercises were printed. X noted, "This patient is a candidate for X. Imaging is notable for X. The patient has moderate to severe chronic lower back pain which is predominantly axial and causes functional deficit. The patient rates their pain as X on the NRS scale when medication/treatment is not used. The pain has been present for X months that worsens with extension and X. This pain affects the patient's ability to perform ADLs such as cleaning as well as their quality of life. Over this time, the patient has X. X indicated if the patient has X. The patient has X. The patient's disability assessments have been performed and recorded using the Oswestry Disability Index." Examination noted X. X discussed X, and noted, "This patient is a candidate for X. Imaging is notable for X. The patient has moderate to severe chronic neck pain which is predominantly axial and causes functional deficit. The patient rates their pain as X on the NRS scale when medication/treatment is not used. The pain has been present for >X. This pain

affects the patient's ability to perform ADLs (cleaning) as well as their quality of life. Over this time, the patient has X. X indicated if the patient has X. The patient has X. The patient's disability assessments have been performed and recorded using the Oswestry Disability Index." X." Within the associated medical file, there is documentation that the patient has chronic low back pain despite conservative care; and the request is for X had been certified/authorized on X. However, there is no clear documentation that the X. Therefore, the request is non-certified." Rationale for denial of X: ""ODG by MCG (www.mcg.com/odg) states "X." Within the associated medical file, there is documentation that an adverse determination was rendered regarding the request. In addition, there remains documentation that the patient has chronic neck pain suspected to be facet in origin based on exam findings; and has tried conservative care. Furthermore, there is now documentation that no more than X. As such, the previous adverse determination's concern has been addressed. However, there is no clear documentation of the medical necessity of the request for "X" as there is no documentation that an X. Therefore, despite call attempts, given the inability to obtain a peer discussion with the requesting medical provider to obtain agreement to a modification, the request is non-certified." Per a reconsideration review adverse determination letter and a peer review report dated X, the appeal request for X was noncertified by X, MD. Rationale for denial of X: "Per ODG, "X." There is no clear documentation that the X. In addition, most recent office note indicates claimant with X leg leg radicular pain coinciding with MRI findings of X. In addition, guidelines require imaging studies and physical examination have ruled out other causes of spinal pain (e.g., fracture, herniated disc, spinal stenosis, tumor). Therefore, the request is non-certified." Rationale for denial of X: "Per ODG, "X." The request is not supported by guidelines criteria which states X. In this case claimant reported neck pain with left arm radicular pain, pain level X and reports of X. The request is not certified." Based on the clinical information provided, the request for X 2. X is partially certified for X. Per a utilization review adverse determination letter dated X, the request for X 2. X was denied by X, MD. Rationale for denial of X: ""ODG by MCG (www.mcg.com/odg) states "X." Within the associated medical file, there is documentation that the patient has chronic low back pain despite conservative care; and the request is for X had been certified/authorized on X. However, there is no clear documentation that the X. Therefore, the request is non-certified."" Rationale for denial of X: ""ODG by MCG (www.mcg.com/odg) states "X." Within the associated medical file, there is

documentation that an adverse determination was rendered regarding the request. In addition, there remains documentation that the patient has chronic neck pain suspected to be facet in origin based on exam findings; and has tried conservative care. Furthermore, there is now documentation that no more than X. As such, the previous adverse determination's concern has been addressed. However, there is no clear documentation of the medical necessity of the request for "X" as there is no documentation that an X. Therefore, despite call attempts, given the inability to obtain a peer discussion with the requesting medical provider to obtain agreement to a modification, the request is non-certified." Per a reconsideration review adverse determination letter and a peer review report dated X, the appeal request for X 2. X was noncertified by X, MD. Rationale for denial of X: "Per ODG, "X." There is no clear documentation that the X. In addition, most recent office note indicates claimant with X leg leg radicular pain coinciding with MRI findings of X. In addition, X. Therefore, the request is non-certified." Rationale for denial of X: "Per ODG, "X." The request is not supported by guidelines criteria which states X. In this case claimant reported neck pain with left arm radicular pain, pain level X and reports of benefit of the X. The request is not certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no mention of X. There is no documentation of any X. Guidelines would not support a X. Regarding X. The plan is for X and if successful, consideration will be given to X. 1. X is medically necessary and certified 2. X are not medically necessary and non-certified.

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 1. X and 2. X is partially certified for X. Per a utilization review adverse determination letter dated X, the request for 1. X and 2. X was denied by X, MD. Rationale for denial of X: ""X." Within the associated medical file, there is documentation that the patient has chronic low back pain despite conservative care; and the request is for X. However, there is no clear documentation that the X. Therefore, the request is non-certified."" Rationale for denial of X: ""ODG by MCG (www.mcg.com/odg) states "X." Within the associated medical file, there is

documentation that an adverse determination was rendered regarding the request. In addition, there remains documentation that the patient has chronic neck pain suspected to be facet in origin based on exam findings; and has tried conservative care. Furthermore, there is now documentation that no more than X. As such, the previous adverse determination's concern has been addressed. However, there is no clear documentation of the medical necessity of the request for "X" as there is no documentation that an X. Therefore, despite call attempts, given the inability to obtain a peer discussion with the requesting medical provider to obtain agreement to a modification, the request is non-certified." Per a reconsideration review adverse determination letter and a peer review report dated X, the appeal request for 1. X and 2. X was noncertified by X, MD. Rationale for denial of X: "Per ODG, "X." There is no clear documentation that the X. In addition, most recent office note indicates claimant with X leg leg radicular pain coinciding with MRI findings of X. In addition, X: "Per ODG, "X." The request is not supported by guidelines criteria which states X. In this case claimant reported neck pain with left arm radicular pain, pain level X and reports of benefit of the X. The request is not certified." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no mention of X. There is no documentation of any X. Guidelines would not support a X. Regarding X, the patient underwent X. The plan is for X. 1X is medically necessary and certified 2. X are not medically necessary and non-certified.

Partially Overturned

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 UM KNOWLEDGEBASE
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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
- 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)