

Notice of Independent Review Decision

SENT TO: Texas Department of Insurance
Managed Care Quality Assurance Office (MCQA) MC 103-5A
E-mail [@tdi.texas.gov](mailto:tdi@tdi.texas.gov).

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

M.D. Board Certified in 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 with work related injury on X when X slipped and fell landing on X buttocks. X has been diagnosed with acute pain due to trauma, intervertebral disc disorders with radiculopathy, lumbar area, muscle spasm of the back, and an acute fracture of the coccyx. The coccyx fracture was diagnosed by X-ray on X. X had an MRI of the lumbar spine that showed L4-5 L lateral 2mm disc bulge without significant stenosis according to the office notes, with no official report available. X has been treated with X with documentation of some improvement in function but not full resolution of pain symptoms. X was using X at the time of therapy with no specific documentation of further medication use for analgesia in the doctor's notes after this time. X underwent a X on X with documentation of immediate pain relief from the X at the time of discharge from the X with pain rated 1/10. Follow up notes to the X documents some improvement of the pain starting 2 days after the X but without full resolution. At the last documented office visit on X the patient rated X pain 4/10 and stated that the pain was from some exercises that X did prior to the appointment. The abnormalities on exam included an antalgic gait, tenderness in the para-vertebral areas without trigger point, tenderness over the right lumbar facet area and the right gluteal area, ROM limited due to pain, 4/5 strength in the R great toe extension, positive Kemps test over the lower lumbar facets, and severe tenderness to palpation of the coccyx. The request at this point is for X.

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

Per ODG references the requested X is not medically necessary. There is not any clinical update since the office visit from X and there is no new documentation available since the last determination on X. There is still no documentation to suggest the use of a donut pillow cushion for seating to fulfill the ODG guideline requirements and X only has documentation of 1 month of PT which was all before being seen by the specialist, particularly not doing any PT after X symptoms were lessened by the X. I also concur with the prior decision that X last office note suggests that X symptoms are not severe and debilitating to warrant overriding the ODG guidelines. Due to lack of documentation of exhausting the recommended conservative measures I agree with the previous determination that the requested service is not certified.

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