

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

Date of Notice:

Date of Amendment:

Date of Amendment:

TX IRO Case #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now X with a request of X.

The patient was seen for a lumbar spine assessment due to the work-related injury sustained on X. Prior visit on X noted that the patient was operating on an 18-wheeler truck and passed over a bumpy road. X felt a pop in X back which resulted in pain located in the lower midline lumbar spine, bilateral lumbosacral/Sacroiliac, and buttocks. It was associated with numbness and weakness in the left posterior thigh to the foot. The overall pain score was at a 6/10. X has tried taking X and completed physical therapy (PT) in X. Prior lumbar magnetic resonance imaging (MRI) obtained on X demonstrated subtle L5-S1 anterolisthesis, moderate severe L5-S1 disc height loss, and mild space narrowing in the L3-4 and L4-5. X lumbar x-ray revealed advanced L5-S1 disc height loss with mild L4-5-disc height loss. There was advanced mid and lower lumbar facet arthrosis. X electromyography (EMG) of the lower extremity findings noted left L4-5 radiculopathy. The physical assessment showed bilateral buttock tenderness, pain with extension and flexion, positive left leg raises, and antalgic gait. The provider noted X.

On X, the patient endorsed continued posterior lateral thigh to calf weakness and numbness. The recent X requested was denied. X takes over the counter pain medications and X with short term relief. An operative plan was placed to address X. Pre-operative clearance to be acquired from the primary care provider.

On X, X still had persistent bilateral lumbosacral and buttock pain with tingling in the left posterior calf. X endorsed back pain worse than the leg which limits X daily function. X had no improvement in symptoms with X. The patient wishes to proceed with surgical interventions. A pre-operative psych clearance was ordered as well as a referral to physical therapy for back and core strengthening exercises, stretching, and home exercises.

The patient was evaluated by physical therapy on X to address symptoms associated with herniated disc in the L4-5 such as pain and weakness that restrict X daily functioning and to prepare for X upcoming surgery. X modified Oswestry disability index score was 18/50 with a disability percentage of 36%. X had a positive slump test and straight leg raise. The provider recommended PT twice a week for 6 weeks. During treatment session on X, the patient tolerated well X treatment to address low back pain. No adverse effects were observed. On X, treatment focused on lower quarter mobility through traction and stretching. On X, the patient reported walking around without radiating pain but had back pain from being upright, walking, and navigating stairs all day. X had responded well to treatment with emphasis on carryover. On X, X had back soreness after doing home flooring.

On X, the patient endorsed improvements in terms of frequency and intensity of X radiating nerve pain. X still has numbness after prolonged walking, but X duration has been better. X modified Oswestry disability index score was 14/50 with a disability percentage of 28%. On X, there had been cramping sensations resolved with rest and flexion stretching. On X, the patient had no new concerns and felt "decent". X tolerated well X session with mild improvement of deficits post-therapy.

During X office visit on X, the patient noted that X was still employed as a driver. X initially managed with medication such as X and X. X also had lumbar decompression which X found to be beneficial. X has finished about 7 visits of PT that were effective and currently returns in attending PT. The lumbar MRI on X noted L4-L5 and L5-S1 nerve root impingement and canal stenosis. The L3-L4 showed moderate to advanced narrowing of the thecal sac due to disc bulge and prominent epidural fat and mild to moderate bilateral neural foraminal narrowing. A psychological evaluation in anticipation of his surgery was completed on X and X appeared to be a good surgical candidate without risk factors. They opted to proceed with X. X were suggested for post-operative use.

A Notice of Initial Adverse Determination was completed on X for the requested X. It was identified that the services do not meet the recognized standards for medical necessity.

On X, the patient attended physical therapy having initial improvement. However, symptoms would worsen days later, and pain never goes away. PT was indicated until surgery date, but the requested X was denied. According to the provider, the patient has failed conservative care such as medications, physical therapy, cortisone injection, and home exercises. The records confirmed that the patient is a nonsmoker. The provider recommended proceeding with the planned surgical intervention. The health plan decided to uphold the prior non-certification on X regarding the requested X. The medical necessity of the requested services was not established.

On X, a Request for a Review by an Independent Review Organization (IRO) was submitted by the provider.

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

1) Is the X medically necessary?

Answer: No, the X is not medically necessary.

2) Is the X medically necessary?

Answer: No, the X is not medically necessary.

3) Is the 1-day inpatient hospitalization medically necessary?

Answer: No, the X is not medically necessary.

Per ODG by MCG, X.

In this case, the patient was seen for a lumbar spine assessment due to the work-related injury sustained on X. Prior visit on X noted that the patient was operating on an 18-wheeler truck and passed over a bumpy road. X felt a pop in his back which resulted in pain located in the lower midline lumbar spine, bilateral lumbosacral/Sacroiliac, and buttocks. It was associated with numbness and weakness

in the left posterior thigh to the foot. Overall pain score at a 6/10. X had tried taking X and completed physical therapy (PT) in X. Prior lumbar MRI obtained on X demonstrated subtle L5-S1 anterolisthesis, moderate severe L5-S1 disc height loss, and mild to space narrowing in the L3-4 and L4-5. X lumbar x-ray revealed advanced L5-S1 disc height loss with mild L4-5 disc height loss. There was advanced mid and lower lumbar facet arthrosis. X EMG of the lower extremity findings noted left L4-5 radiculopathy. The physical assessment showed bilateral buttock tenderness, pain with extension and flexion, positive left leg raise, and antalgic gait. On X, the patient endorsed continued posterior lateral thigh to calf weakness and numbness. X takes over the counter pain medications and underwent X with the most recent performed 4 months ago with short term relief. An operative plan was placed to address lumbar radiculopathy. On X, X still had persistent bilateral lumbosacral and buttock pain with tingling in the left posterior calf. X endorsed back pain worse than the leg which limits X daily function. X had no improvement in symptoms with X. The patient wishes to proceed with surgical interventions. A pre-operative psych clearance was ordered as well as a referral to physical therapy for back and core strengthening exercises, stretching, and home exercises. The patient was evaluated by physical therapy to address symptoms associated with herniated disc in the L4-5 such as pain and weakness that restrict X daily functioning and to prepare for X upcoming surgery. X modified Oswestry disability index score was 18/50 with a disability percentage of 36%. X had a positive slump test and straight leg raise. The provider recommended PT twice a week for 6 weeks. X attended PT sessions from X. X had responded well to treatment with improvements in terms of frequency and intensity of his radiating nerve pain. X still has numbness after prolonged walking but had duration. X modified Oswestry disability index score was 14/50 with a disability percentage of 28%. During X office visit on X, the patient was initially managed with medication such as X and X. X also had lumbar decompression which X found to be beneficial. X has finished about 7 visits of PT that were effective and currently returns in attending PT. The lumbar MRI on X noted L4-L5 and L5-S1 nerve root impingement and canal stenosis. The L3-L4 showed moderate to advanced narrowing of the thecal sac due to disc bulge and prominent epidural fat and mild to moderate bilateral neural foraminal narrowing. A psychological evaluation in anticipation of X surgery was completed on X and appeared to be a good surgical candidate without risk factors. They opted to proceed with X. X were suggested for post-operative use. On X, the patient attended physical therapy having initial improvement. However, symptoms would worsen days later, and pain never goes away. PT was indicated until surgery date, but the requested X was denied. According to the provider, the patient has failed conservative care such as medications, physical therapy, cortisone injection, and home exercises. The records confirmed that the patient is a nonsmoker. The provider recommended proceeding with the planned surgical intervention. The health plan decided to uphold the prior non-certification on X regarding the requested X. The medical necessity of the requested services was not established.

The medical records submitted for review do not support the request for the requested spinal levels. Despite recent MRI documenting L3-L4 moderate to advanced narrowing of the thecal sac and mild to moderate bilateral neural foraminal narrowing, and L4-L5 and L5-S1 nerve root impingement and canal stenosis, it did not confirm the presence of lumbar spondylolisthesis and does not establish current objective evidence of rapidly progressive or severe focal neurological deficits referable to the L3-S1 levels. Per referenced guidelines, the findings of the MRI studies should correlate with the clinical findings in support of the requested procedure. Although the patient had persistent chronic radicular lumbar pain with weakness and tingling in the lower extremity, failure to multiple conservative treatments, and evidence of bilateral recess stenosis on imaging results, there was no documented instability caused by the patient's condition. Therefore,

the denial of the requested X are upheld as not medically necessary.

SOURCE OF REVIEW CRITERIA:

- ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase
- 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
- ODG- Official Disability Guidelines & Treatment 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)

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)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

X