

**P-IRO Inc**  
***Notice of Independent Review Decision***

**P-IRO Inc.**  
An Independent Review Organization  
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***Notice of Independent Review Decision  
Amendment***

**IRO REVIEWER REPORT**

**Date:**; Amendment

**IRO CASE #:**

**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:

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Overturned           | Disagree                       |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld    | Agree                          |

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:** X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X who was injured on X. X was injured when an 18 wheeler driver hit his work vehicle (18 wheeler) at full speed. The diagnoses were spinal stenosis of lumbar region with neurogenic claudication; radiculopathy of lumbar region; traumatic rupture of cervical intervertebral disc; traumatic rupture of cervical intervertebral disc and radiculopathy of cervical region.

On X, X was seen by X, MD for neck and back pain. Regarding cervical spine, X reported the neck pain was sharp, dull and achy which caused discomfort. Pain was severe in quality. The pain interfered with his activities of daily living. X endorsed arm pain with associated numbness or tingling. Aggravating activities included lateral flexion and rotation. There was only a slight reduction with the use of medication and position changes. X got minimal relief from resting. Conservative treatment included over-the-counter medication which did not produce a significant change in symptoms. X denied loss of dexterity or weakness. Regarding lumbar spine, the back pain was dull, sharp, and achy

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which caused discomfort. Pain was severe in quality. There was radiation of pain in the bilateral hips and buttocks and down to the left leg and feet. This was associated with constant numbness, tingling and pins and needle sensation. Aggravating activities included bending, arching, twisting, and lateral flexion. There was only a

slight reduction with the use of medication and position changes. X got minimal relief from resting. Conservative treatment included over-the-counter medication, which did not produce a significant change in symptoms. X denied loss of dexterity, weakness, or balance issues. That day X presented for neurosurgical consultation. That day X reported persistent severe neck pain that radiated to the arm. This was accompanied by hand numbness. Regarding lumbar spine, X reported persistent severe back pain that radiated to the left leg. Examination showed X was well developed and in no acute distress. Muscle strength was 5/5 in bilateral hip flexion / iliopsoas (HF/IP), bilateral knee extension / quadratus (KE/Q), right knee flexion / hamstrings (KF/H), dorsiflexion / abductor hallucis (DF/AT), right plantar flexion / gastrocnemius (PF/G), and right extensor hallucis longus; 4/5 in left KF/ H, DF/AT, PF/G, and EHL. Sensation was decreased to pinprick in feet and left hand. Antalgic gait was noted. Limited range of motion was noted in cervical and lumbar spine. Kemp test, Spurling test, compression test and straight leg raise test in bilateral legs were positive. Review of the MRI of the lumbar spine dated X showed a chronic, broad based posterior 4.7 mm subligamentous disc herniation with cranial migration. Several disc bulges were noted from L2-L5. At L5-S1 a chronic broad-based left subarticular / foraminal 5.1 mm disc herniation was identified. There was posterior displacement and flattening deformity of the descending left S1 nerve root, moderate left foraminal stenosis was present. Cervical spine MRI revealed C3-C4 and C4-C5 with severe right neuroforaminal stenosis due to uncovertebral hypertrophy. X were recommended for pain relief. Additionally, the claimant was recommended to continue X. Starting physical therapy was also recommended.

Electromyography (EMG) / nerve conduction velocity (NCV) study of the bilateral upper extremity dated X showed there was evidence of a right C5 motor radiculopathy with mild active denervation. There was evidence of a moderate bilateral carpal tunnel syndrome (CTS) affecting both motor and sensory fibers without any denervation. There was no electrodiagnostic evidence of a left cervical radiculopathy, brachial plexopathy, peripheral neuropathy, focal compression neuropathy of the ulnar or radial nerves at the elbow or wrist segments, or myopathy. Recommendations included additional medical pain management procedures along with rehab for the active cervical radiculopathy. A trial of neutral position volar wrist splints for carpal tunnel syndrome (CTS) was recommended. If this provides little benefit, X may be appropriate. EMG / NCV of the bilateral lower extremity dated X demonstrated there was evidence of a left L5-S1 radiculopathy with mild active denervation. There was no electrodiagnostic evidence of a right lumbar radiculopathy, lumbosacral plexopathy, focal compression neuropathy of the lower extremities, peripheral neuropathy or myopathy. Additional pain management procedures along with surgical consultation was recommended.

Treatment to date included medications.

Per a utilization review adverse determination letter X by X, MD, the request for X, was denied. Rationale: "The Official Disability Guidelines support X for complaints of radicular pain that have not improved with first-line conservative treatment. There should be corresponding objective findings on physical examination and MRI. X are supported if there is at least 50% pain relief for at least six weeks from X. In this case, the claimant has complaints of cervical spine pain as well as hand numbness. Physical examination reveals decreased sensation in the left hand and a positive Spurling's test. EMG testing reveals evidence of right C5 radiculopathy. They have not improved with physical therapy and medication use. However, due to a lack of correlation between examination findings and EMG testing, the request for X, is not medically necessary."

Thoroughly reviewed provided records including provider notes, imaging findings, EMG results, as well as peer reviews.

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The patient has pain in a radicular distribution that has continued despite conservative treatment. MRI reveals right C3-4, C4-5 neuroforaminal stenosis. EMG/NCS consistent with left lumbosacral radiculopathy. MRI findings and NCS/EMG findings are not in agreement with requested procedure. Thus, X is not warranted. Recommend prospective request for X is not medically necessary and non-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 findings, EMG results, as well as peer reviews.

The patient has pain in a radicular distribution that has continued despite conservative treatment. MRI reveals right C3-4, C4-5 neuroforaminal stenosis. EMG/NCS consistent with left lumbosacral radiculopathy. MRI findings and NCS/EMG findings are not in agreement with requested procedure. Thus, X is not warranted. Recommend prospective request for X is not medically necessary and non-certified

Upheld

### **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