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An Independent Review Organization
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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 on X. X stated X was working X. The diagnosis was other intervertebral disc displacement, lumbar region (X)

Per the visit note dated X, by X, MD, X was being re-evaluated with respect to a work-related injury sustained while working for X on X. X reported the pain was still there. At that time, it was rated 3/10. X could do 75-100% of X job. X had constant pain, made worse by sitting and exercising. Nothing made it better. X had increased pain since the previous visit. X was on X. X had received multiple sessions of therapy without any improvement. Home exercises had not really helped. X was working full duty. X had an MRI that showed X. Musculoskeletal examination revealed toe and heel walking was poor on the right. Flexion, extension, and rotation of the lumbosacral spine was decreased X to X in all planes. Straight leg raise was positive on the right, negative on the left. Motor strength was X in both lower extremities. Sensation was decreased on the right side X. X also had paravertebral spasms at X. The assessment was lumbar sprain and strain. The plan was to appeal the denial of the X. It was noted that X had reached a point where the decision was to proceed with an X. This was based upon the complex nature of the injury, how it was impacting X bodily function, as well as the fact that they had X. At that stage, X would require X. X had elected to proceed.

An MRI of the lumbar spine dated X, revealed posterior and left paracentral as well as foraminal protrusion of X, causing mild narrowing

of the central canal and neural foramina, bilaterally (left more than right). The protrusion measured approximately X mm in size. Mild facet arthropathy was detected at that level. There was diffuse protrusion of X, causing mild narrowing of the central canal and neural foraminal narrowing, bilaterally. The protrusion measured approximately X mm in size. Mild facet arthropathy was detected at that level. There was bilateral paracentral and foraminal bulge of X, causing mild narrowing of the central canal and neural foramina bilaterally. The bulge measured approximately X mm in size. No significant spinal canal stenosis was seen. There was diffuse bulge of the X, without any significant central canal or neural foraminal narrowing. The bulge measured approximately X mm in size.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The Official Disability Guidelines support X if there are complaints of radicular pain that have not improved with first-line conservative treatment. There should be corresponding objective findings on physical examination and magnetic resonance imaging (MRI). X are supported if there is at least X pain relief for at least X weeks from X. The progress notes dated X, from pain management, did not include any specific complaints of pain in the lumbar spine. There were also no complaints of any lower body radicular symptoms. The physical examination revealed X; however, MRI of the lumbar spine does not reveal any potential nerve root involvement. The absent both subjective complaints and objective findings, this request for a X, is non-certified."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "Per the utilization

review dated X, the request for X was noncertified. The progress note dated X did not include any specific complaints of pain in the lumbar spine, there were no complaints of any lower body radicular symptoms, and the physical examination revealed a decreased sensation on the right at X, however, MRI of the lumbar spine did not reveal any potential nerve root involvement. Guidelines support X if there are complaints of radicular pain that have not improved with first-line conservative treatment. Magnetic resonance imaging of the lumbar spine did not reveal any potential nerve root involvement and due to the absence of both subjective complaints and objective findings, the request was non-certified. Regarding the request for a X, the Official Disability Guidelines recommend it for lumbar radiculopathy by history (eg, radiation of pain and numbness along the distribution of the affected spinal root) corroborated by diagnostic imaging and on failure to respond to at least X weeks of conservative care including X. The request is not supported. In this case, the request had been non-certified by utilization review dated X citing non-documentation of any specific complaints of pain to the lumbar spine, no lower body radicular symptoms, and no potential nerve root involvement on the magnetic resonance imaging study. The records provided along with the current request fail to document any classic radicular symptoms of numbness, tingling, or weakness in the lower extremities. Although the provided magnetic resonance imaging study of the lumbar spine documents a disc bulge, there is no documentation of any right-sided nerve root impingement at the X. Further, on the X physical therapy visits X, the claimant reported that the symptoms were resolving, indicating benefits with first-line conservative care. It is unclear what other conservative therapies have been tried/failed for symptom resolution. For these reasons, the request for X is non-certified.”

Thoroughly reviewed provided records including provider notes, imaging

findings, and peer reviews.

Patient with radicular symptoms including sensation issues in dermatomal distribution that have continued despite conservative treatment with PT. Imaging findings with MRI noted X protrusions, which could result in nerve root impingement leading to patient's symptoms. Given corresponding MRI findings, request for X is warranted. 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 findings, and peer reviews.

Patient with radicular symptoms including sensation issues in dermatomal distribution that have continued despite conservative treatment with PT. Imaging findings with MRI noted X protrusions, which could result in nerve root impingement leading to patient's symptoms. Given corresponding MRI findings, request for X is warranted. X is medically necessary and certified

Overtured

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