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Notice of Independent Medical Review Decision

Reviewer's Report

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**

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

1. X.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case concerns a X who was being treated for pain in the X. The member's past medical history was X. The conservative treatment the member received included X.

The X magnetic resonance imaging (MRI) of the lumbar spine had findings of X. The X MRI of the lumbar spine has findings of X.

The X Urgent Care report cited constant, worse at times, back pain of the lower back that is shooting and burning. The examination at this revealed X. The treatment plan included X.

The X designated doctor's reports cited a date of examination of X. The accepted condition is a sprain of the lumbar spine. Disputed conditions include X. The mechanism of injury was that the member was X. That night, the member was unable to move, and by the next day, X was in severe pain and bedridden. The member reported experiencing right leg pain, numbness, and tingling several days following the incident. The member's current complaints included constant pain and discomfort in the lumbar spine, dull and aching sensations, with associated weakness, soreness, and stiffness. These symptoms were worsened with increased activities or strenuous tasks. The member's pain was rated at a X to X out of X. The examination of the lumbar spine revealed X. There were observable signs of X. The member clinical signs of X. The member has an X and X range of motion was flexion of X, extension of X, left flexion of X, and right flexion of X with guarding on motion. Straight leg raise was X. Sciatic tension was X. Minor's and Dejerine's testing were X. Reflexes were X. Sensation was X.

The X Urgent Care report cited that the member was feeling about the same since the last visit. The member is still having shooting pain going down X right leg and constant pain in X back that was rated at X out of X. The examination reveals a X. There was tenderness of the bilateral paraspinal muscles. Sensation is X. The treatment plan included X.

The X spine surgery report cited back pain. The member presented for an evaluation of X lumbar spine. The member reported back and bilateral leg pain that began after X on X. The member had burning pain, numbness, and tingling starting in the lower back, into both of X buttocks, and into X calf, ankle, and foot. The pain was rated at a X out of X in the back, an X out of X on the right leg, and a X out of X on the left leg. The member had worsening left leg pain when standing and worsening right leg pain when sitting. The lumbar examination reveals a X. The range of motion was X. Strength was X. Bilateral knee and ankle reflexes are X. Sensation was X. Seated straight leg was X. The treatment plan included a X.

The X Urgent Care report cited lower back pain from the date of injury. The member continued to report with low back pain that radiates down the left side, but stated it was not reproducible. The member states the symptoms wax and wane in intensity. The examination revealed X. There was X. Sensation was X.

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

Per the Official Disability Guidelines & Treatment Guidelines (ODG)
“X”

The Maximus physician consultant indicated the member was being treated for pain in the X. The Maximus physician consultant explained that the documentation provided for review, including diagnostic imaging studies, does X. The Maximus physician consultant noted that the X MRI of the lumbar spine demonstrated X. The Maximus

physician consultant indicated that X. The Maximus physician consultant also indicated that documentation of a psychological evaluation is X. The Maximus physician consultant explained that there were X. The Maximus physician consultant indicated that X. The Maximus physician consultant also indicated that X. The Maximus physician consultant concluded that medical necessity for the requested X is not medically necessary per the documentation, the requested X is not medically necessary.

Therefore, I have determined that X, Surgical assistant X, Done by Dr. X at X; X are not medically necessary for treatment of this member's condition.

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 KNOWLEDGBASE**
- 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 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:**

**LUMBAR FUSION LOW BACK SURGERY
PREOPERATIVE TESTING**

**PAIN; EYE; HEAD; HERNIA; KNEE AND LEG; LOW
BACK; NECK AND UPPER BACK**

DIAGNOSTIC TESTING, IMAGING SURGERY

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 (PROVIDE A DESCRIPTION)