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## **Notice of Independent Review Decision**

### **IRO Reviewer Report**

**IRO Case #: X**

**Description of the service to in dispute: X**

**A description of the qualifications for each physician or other health care provider who reviewed the decision: X is Board Certified X.**

**Review Outcome:** Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

**Information Provided to IRO for Review:**

X

**Patient Clinical History [Summary]:**

All of the listed records were reviewed.

The member is a X who sustained an injury on X. The member was involved in a X accident.

The member was diagnosed with radiculopathy of the lumbar region.

According to the office visit note dated X, the member presented with neck tightness and lower back pain. The member stated that the neck and back pain persisted. Pain was alleviated with medication. The member complained of leg weakness. The exam showed cervical spine

tenderness. The extension was painful. The lumbar spine exam showed tenderness in the right paraspinal region. Full range of motion was noted. Flexion was painful.

A computed tomography (CT) scan of the lumbar spine, dated X5, revealed no non-contrast CT evidence of acute osseous abnormality or traumatic malalignment. Mild bilateral sacroiliac joint sclerosis was noted. There was no CT evidence of osseous spinal canal or foraminal stenosis.

Magnetic resonance imaging of the lumbar spine dated X revealed no acute abnormality. The spinal cord appeared normal. Mild right greater than left sacroiliac joint arthrosis was noted. Mild degenerative changes were present in the lower lumbar spine with mild right greater than left neuroforaminal narrowing at L3-4 through L5-S1.

According to the office visit dated X, the member presented today with injuries to the back, head, bilateral legs, and bilateral arms/shoulders. The member was involved in a X accident on X and stated that while in a truck, the member was at a standstill when someone rear-ended the member. The member is currently having tightness in the chest and shoulders. So far, the member has failed X. The exam on the cervical spine shows tenderness in the right trapezius muscle and the left trapezius muscle. Palpation reveals no bilateral muscle spasms. Full range of motion. The lumbar spine exam shows painful flexion. Minimal tenderness.

The member attended physical therapy on X. Per the latest daily note from the therapist dated X, the member reported high pain levels in the left lower extremity. The symptoms are consistent with the previous visit. The pain is rated 7 out of 10. The plan includes X.

EMG (Electromyography)/NCV (Nerve Conduction Velocity) dated X shows EMG evidence of bilateral L4-5 lumbar denervation, consistent with acute bilateral L4-5 lumbar radiculopathy. Loss of bilateral peroneal F-waves suggests involvement of the L5 roots at the spinal

level. There is no NCV evidence of generalized motor/sensory peripheral neuropathy or entrapment neuropathy.

On X, the member presented with back pain rated 7-8/10. Previous treatments included X. The member now requires a cane for ambulation. Cervical examination revealed tenderness and a painful range of motion in the cervical spine. Lumbar examination showed left paraspinal tenderness. Assessment shows acute cervical radiculopathy.

1. X.

Upheld

In this case, the member sustained an injury on X. The request was previously non-certified on X following a peer clinical review. The appeal was upheld on X, with consistent findings. The sole reasons provided were X, which, although important for the member's comfort, do not satisfy the clinical criteria required to go beyond standard procedural practices. There was no documented follow-up confirming whether the member agreed to do the procedure without X or consented to alternative options. This lack of clarity further undermines the justification for exceeding standard procedural protocols. Further, no additional medical conditions are provided to support the need for this request. Prior utilization review (UR) dated X noted that a peer discussion appeared to have taken place, and it was confirmed that a X had not been tried before, and low back pain is radicular bilaterally. Guidelines regarding X were discussed. No agreement was reached. It was argued that the member's X justified X. However, no medical condition could be identified that would justify the X. The only noted comorbidity was obesity, with a body mass index (BMI) of 33. Nevertheless, X is excessive and not recommended for X. Based on the medical records provided for the review, no additional medical conditions were identified to support the need for X. The only justification offered was X, which, while relevant to member comfort, do not meet the clinical threshold for exceeding standard procedural protocols. Additionally, it remains unclear if the member agreed to proceed with the X without X, as no follow-up information or member

consent to alternative options was documented, given the absence of a medical necessity for X and the lack of clarity on the member's willingness to undergo X without it. The request for X is not medically necessary.

**A description, and the source of the screening criteria or other clinical basis used to make the decision:**

ODG by MCG

Last review/update date: Aug 18, 2023

X