

Notice of Independent Review Decision

X:

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or 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)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

Information provided to the IRO for review

X

Patient clinical history

This claimant is a X diagnosed with sprain of ligaments of lumbar spine, subsequent encounter. This review is to determine the medical necessity of X.

Adverse determination - Clinical Summary from X dated X states the X progress note by Dr. X indicated "The claimant presents as a new claimant for evaluation of low back pain and bilateral leg pain. There has been persistent low back pain with bilateral leg pain and paresthesia, primarily affecting the proximal and mid-leg regions, with no foot involvement The current pain level is reported as X to X out of X, worsened by exertion prolonged sitting, and prolonged driving, and alleviated by rest. The claimant has X. A referring provider has recommended X. Neurological examination reveals that the claimant is X. X are X. Motor examination shows X. Coordination testing shows X. X is X, and Romberg testing is X. Deep tendon reflexes are X at the biceps, triceps, knees, and ankles. Sensory review noted pain and paresthesia in both legs, A X are recommended by the referring provider; prior testing may have been performed on one leg only. Diagnoses include sprain of the ligaments in the lumbar spine, strain to the muscles, fascia, and tendons in the lower back, as well as right-sided and left-sided sciatica. The plan is to proceed with X."

Additionally, under the clinical summary section of the determination dated X, it was stated the X letter of medical necessity by Dr. X indicated, "The provider appeals for the denial of X. The claimant reportedly presents X. The provider notes that the requested evaluation will further aid in treatment and management, especially when X. The provider notes that an X is medically necessary to evaluate X. The claimant presents with pain, numbness, and tingling consistent with conditions affecting the peripheral nerves or nerve roots. X measures the electrical activity of muscles at rest and during contraction. X measures the speed and strength of electrical signal transmission through the nerves. These studies determine whether X is present. The X localizes the level and extent of nerve involvement. X."

The Request Information form dated X stated the denied service is for an X to “rule out any traumatic neuropathy, lumbosacral radiculopathy, or any lumbosacral plexopathy caused by fall contributing to X lower back pain and paresthesia in legs.”

Adverse determination from X dated X stated the requested coverage for X was denied. Per the denial letter, “ODG notes that X. In this case, the records outline diagnoses of lumbar sprain and bilateral sciatic, and plan of care for X. The records do not describe symptoms in a X. There is X. There is no X. Likewise, there is no X. Considering such, the medical necessity of X is not established. Therefore, this request is not medically necessary.”

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

This claimant is a X diagnosed with sprain of ligaments of lumbar spine, subsequent encounter. This review is to determine the medical necessity of X.

This request meets the MCG by ODG criteria, specifically radiculopathy (known or suspected). This claimant has back and leg pain with paresthesia who has X. The claimant describes leg pain that radiates in a radicular manner to the knees, and the X. This is well established amongst the spine surgery community as an appropriate test and the literature below supports its role in this claimant’s diagnostic management. The claimant has evidence of radicular-type pain radiating to the knee level with paresthesia, and the X and therefore, would be considered medically necessary and appropriate.

The basic neurologic examination is vital, but testing like X and X is often needed especially in cases that X. Lin CK et. al. from X was a pilot study that revealed some X.

Therefore, it is the professional opinion of the medical reviewer to overturn the denial of X due to medical necessity. This means that the claimant will receive coverage for the requested treatment.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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)