



Physio
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Notice of Independent Review Decision

IRO Reviewer

Report X

Amended Decision Date: 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: Upheld

Upheld (Agree)

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

X, date of birth X, is a X individual diagnosed with low back pain and seeking coverage for X. The claimant was injured on X when X was X. MRI cervical spine dated X shows at X. At X there is a X.

X is noted. At X there is a X. There is some X. CT cervical spine dated X shows X. Otherwise, X. The claimant underwent X on X with X pain relief. X completed a course of X. On X, X reported neck pain was X improved after the X. On X, X notes X does not really have neck pain and only feels tightness, rates pain intensity at a X. On X, X reports neck pain has improved. X was actively receiving X. Note dated X indicates strength is X throughout, deep tendon reflexes are X and symmetrical and sensory exam is noncontributory without deficit in neuropathic or radicular distribution. Note dated X indicates that on physical examination, cervical range of motion is restricted. Compression test is X. The patient showed some X. Remaining neurological exam is X. Strength is X. Spurling is X. Telemedicine note dated X indicates current medications are X. X reports neck pain that radiates to the left upper extremity with associated numbness and tingling. It is noted that the exam shows X.

Initial request for X was non-certified, noting that while the claimant initially reported X relief from the X, X pain returned to a X shortly after X. The clinical note from X states that the compression test was X for X. This suggests the pain may be X for which an X is indicated. There was no mention of an MRI or CT report confirming a X.

The denial was upheld on subsequent review noting that the claimant underwent a X on X with subjective relief of X but pain increased after completing X. However, there is X. Moreover, the recent physical examination does not X. In fact, there was a X compression test for facet pain and trigger points, which indicated that pain could be more axial or myofascial in nature, rather than radicular. Furthermore, clarification is needed regarding the approach of the requested X. Per the guidelines, X is only recommended X.

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

The request for X is not recommended as medically necessary and the previous denials are upheld. Initial request for X was non-certified noting that while the claimant initially reported X relief from the X, X pain returned to a X shortly after restarting X. The clinical note from X states that the compression test was X. This suggests the pain may be X. There is no mention of an X. The denial was upheld on subsequent review noting that the claimant underwent a X on X with subjective relief of X but pain increased after completing X. However, there is X. Moreover, the recent physical examination does not show X. In fact, there was a X. Furthermore, clarification is needed regarding the approach of the requested X. Per the guidelines, X is only recommended X. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The most recent physical examination notes that sensory, motor, and reflexes are X. The claimant underwent a X on X. X subjectively reported X pain relief; however, the duration of relief is unclear. There is no documentation of functional improvement. The Official Disability Guidelines support X with documentation of sustained improvement of pain or function of \geq X, as measured from baseline, for \geq X weeks after X and pain or deterioration in function since X. Also, the request is nonspecific and does not indicate the approach being requested. The Official Disability Guidelines note that X is not recommended X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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)