

IRO Express Inc.  
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

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### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

X who was injured on X. X was X. The diagnosis was radiculopathy, lumbar region (X).

X was seen by X, MD, on X and X. On X, X was seen for severe and chronic left-sided back pain radiating to the left leg. The symptoms began in X with left-sided back pain and upper buttock pain. The symptoms were worse when walking and standing. On examination, a slight limp was observed. Straight leg raise was X on the left. Left ankle reflexes were X. The assessment included lumbar radiculopathy. X had a history of X. X condition did not improve with X, and the pain significantly impacted X ability to walk and stand, suggesting that X. On X, X presented for a follow-up of low back pain and left leg discomfort. On examination, X BMI was 38 kg/m<sup>2</sup>. X was walking without a limp. Forward flexion provoked left leg pain. Motor strength was intact with no weakness observed. Deep tendon reflexes were slightly decreased at the left ankle (X) compared to the right (X). A straight leg raise maneuver was X for eliciting left-sided back pain. The assessment included lumbar radiculopathy. X complaints, physical examination findings, X straight leg raise, diminished left ankle reflex, and MRI results showed a X. X has failed to provide adequate relief. Given persistence symptoms and X desire for surgery, Dr. X resubmitted paperwork for a X.

An MRI of the lumbar spine dated X showed a X. Mild X was noted at X.

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Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Guidelines recommend X. In this case, the treating provider notes that X. It is unclear how many X have been completed to date or the objective outcome. Furthermore, details regarding X. Given these factors, medical necessity is not established."

Per a reconsideration review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Official disability guidelines conditionally recommend X. In this case, a prior UR decision dated X resulted in non-certification of the requested X. The documentation now presented includes X progress notes dated X through X. These notes do not demonstrate X. An office visit note dated X reports that the individual met X percent of X, and an office visit dated X indicates that the individual was X to X percent toward meeting the physical requirements of the job. No further documentation shows that X. The lumbar MRI dated X identifies X non-rib-bearing lumbar vertebral bodies and significant pathology at X but no significant spinal canal or neuroforaminal stenosis at X. However, the treating provider's X office note states that MRI findings show a X. This creates a discrepancy between the radiologist's report and the provider's interpretation, and it is unclear which level is truly responsible for the individual's symptoms and which level is intended for X. There is no mention of any X. There is an early X. In addition, the requesting physician is requesting X, which may well be transcription or dictation error. Certainly a large X.

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Therefore, there is a need to confirm the intended operative level of X. Based on the X, the medical necessity for the requested surgical procedure has not been established. Thus, the request is non-certified.”

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

In this case, the records document this X was injured on X while X. X treatment to date has included X. The ODG criteria for the X. Following X, per the X exam, the deep tendon reflexes were slightly decreased at the left ankle (X) compared to the right (X), straight leg raise maneuver was X for eliciting left-sided back pain and forward flexion provoked left leg pain. Based on the demonstration of X, the medical necessity for the requested X is established. Thus, the request for X is medically necessary and the previous determination is overturned.

### **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

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- 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