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**Notice of Independent Review Decision**  
Amended Decision Date: X

**IRO Reviewer Report**

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 (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 diagnosed with cervical spondylosis, thoracic intervertebral disc disorder, and lumbar intervertebral disc disorder and is seeking coverage for X. The claimant sustained an injury on X. The mechanism of injury is reported as X. Comorbidities include X with BMI 34.9. The record documents chronic low back pain and chronic neck pain with associated numbness. On X the claimant reported low back pain described as constant with X. The claimant also reported chronic neck pain rated X that interferes with sleep and daily activities with headaches and persistent numbness for about X years. The claimant reported that X. The problem list includes X. Musculoskeletal exam findings in the encounter review include a slow gait limited by pain.

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

The claimant does not meet the ODG guideline recommendations for X. ODG states X. The records instead document X. The medication list also documents X. While PMP was checked and a pain contract is referenced these risk mitigation steps do not change that the requested medication and duration fall outside ODG support for X. Therefore, it is this reviewer's opinion that medical necessity for the service in question, X is not established and the previous denials are upheld.

### **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)