DANE STREET

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Notice of Independent Review Decision

IRO reviewer report

X

IRO case number: 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

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 individual who sustained an injury on X. The mechanism of injury was a X.

The member was diagnosed with a lumbar sprain/strain, other intervertebral disc displacement, lumbar region.

The member sustained a work-related lumbar sprain and strain while working for X. An magnetic resonance imaging (MRI) of the lumbar spine performed on X

revealed X. The member has been diagnosed with lumbar sprain/strain and other intervertebral disc displacement in the lumbar region. The member has a past medical history of X. The member has received multiple sessions of X. A right X, X. A left X provided significant improvement of greater than X, including the ability to stand longer, sleep longer, and decreased medication use. The member reports low back pain rated X to X with radiation into the left lower extremity, able to perform X of job duties, with pain X, and improved by X. Physical examination findings include decreased lumbosacral spine range of motion by X in all planes, X straight leg raise on the left or bilaterally, paravertebral spasms at X and X bilaterally, and grossly intact motor and sensory function in the lower extremities. The member received X.

Upheld

Analysis and explanation of the decision include clinical basis, findings, and conclusions used to support the decision. In this case, the member sustained an injury on X following a X. Lumbar magnetic resonance imaging (MRI) dated X demonstrated X. Conservative treatment has included X. The member reported significant benefit from X. Per ODG guidelines, "X." Although the member reported relief from a X. The request for a 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