

Notice of Independent Review Decision

X:

Amended: 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-year-old X diagnosed with lumbar radicular pain and cervical radicular pain. This review is to determine the medical necessity of an X.

Medical Records from X dated X state the claimant presented with complaints of neck pain. Per the record, "The pain began X, after X was X. The patient complains of bilateral arm pain, left greater than right. The severity of the pain X. The patient has numbness and tingling in both arms, left greater than right. The patient admits bladder incontinence. The patient denies difficulty with balance. The patient denies history of falls. Treatment(s) include X. The patient complains of bilateral leg pain, left greater than right. The severity of the pain X. The pain is exacerbated by prolonged sitting, standing, walking. The patient can only walk for less than half a block without pain. The patient has numbness and tingling in both legs, left greater than right. Treatment(s) include X."

Medical Records from X dated X state "Nicotine blood test is X. The patient presents with chronic, debilitating low back pain with associated radicular symptoms that presented after X accident. X has exhausted extensive conservative treatment without relief of X symptoms. X has significant weakness and radiculopathy on exam. X is at risk for foot drop with X strength in bilateral EHL/THA. X would benefit from a X. The patient has X. The surgery and possible complications were discussed in great detail with the patient. X would like to proceed with the operation. X will need an X."

Appeal Denial from X dated X states "Upon review of the submitted records, it appears that the prior non-certification was appropriate. The Official Disability Guidelines state that X. There must be evidence of worsening back pain, radicular pain, or calculation despite X. X may be supported with X. While it is recognized that the injured worker had X on MRI with persistent symptoms despite X. Furthermore, there is no indication to support X as a component of the X is not typically sufficient to result in significant lumbar instability and there was no other indication of spinal instability at the planned level. Texas regulations do not allow for partial certification or modification of reviews nor for informational requests to clarify the appropriateness of X for the referenced MRI findings."

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

This claimant is a X-year-old X diagnosed with lumbar radicular pain and cervical radicular pain. This review is to determine the medical necessity of an X.

The treating surgeon in this case has requested approval of coverage X. The claimant has lumbar radicular pain. The claimant has undergone adequate X. The claimant has X. The surgeon has recommended a X.

A X lumbar MRI visualized X. Per the X report by X, M.D., the injured worker reported persistent pain, worse on the left, graded X in severity. On examination, there was generalized weakness in the bilateral iliopsoas, the left quadriceps, hamstrings,

gastrocnemius/soleus, and the bilateral extensor hallucis longus. A generalized decrease in sensation was noted over the lower left extremity.

Bilateral lower extremity involvement of X is confirmed and documented both on advanced imaging and on examination. Having X as requested is indicated.

X are indicated when there is X. The X aims to relieve pain and restore X. This procedure is typically considered after X. The choice of X approach depends on the patient's specific pathology, the need for X, and the surgeon's preference. In summary, the previous denial of the request for approval for X should be overturned.

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 X.

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