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 the IRO for review:

X

Patient clinical history [Summary]:

All of the listed records were reviewed.

The member is a X who sustained an injury on X. The member sustained a work-related injury when the X.

The member was diagnosed with other intervertebral disc degeneration of the lumbosacral region, lipoma of the spinal cord, low back pain, sprain of ligaments of the thoracic spine, initial encounter, sprain of ligaments of the lumbar spine, initial encounter, and sprain of ligaments of the cervical spine, initial encounter.

The member presented with severe back pain throughout the cervical, thoracic, and lumbar spine, rated X, with difficulty standing, sitting, and twisting. Physical examination revealed X. The member was diagnosed with sprains of the ligaments of the cervical, thoracic, and lumbar spine. Initial treatment included X. The member X. The member continues to report severe pain between the shoulder blades and lower back with extreme difficulty sleeping, but denies radiating extremity pain, numbness, tingling, weakness, or bowel/bladder incontinence. Physical examination consistently showed X strength bilaterally in the upper and lower extremities, intact sensation and reflexes, and a X straight leg raise, with no findings of X. Current medications include X. Magnetic resonance imaging (MRI) of the lumbar spine on X revealed a X. Repeat magnetic resonance imaging (MRI) of the lumbar spine with and without contrast on X showed X. Magnetic resonance imaging (MRI) of the cervical spine revealed X. Magnetic resonance imaging (MRI) of the thoracic spine showed X. X-rays showed X.

Upheld

Analysis and explanation of the decision include clinical basis, findings, and conclusions used to support the decision. Based on the medical records provided for the review, the member sustained a work-related injury on X after a X. Recent clinical evaluation documents no lower extremity pain, numbness, or tingling, with normal strength (X) and intact sensation in the bilateral lower extremities, and X straight leg raise, indicating absence of objective radicular findings. Although the member reports persistent axial back pain, X. Additionally, guidelines do not support the routine use of X. Given the lack of correlation between imaging findings and clinical presentation, the absence of X, and the unsupported use of X, the request for 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