# Health Decisions, Inc.

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September 23, 2018 Amended Decision Date: September 29, 2018

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** XXXX

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified in Pain Management and Anesthesiology

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a XXXX who presents with complaints of XX XX after a work-related injury. XXXX provider has tried multiple prescriptions and has found that XXXX work best for XXXX condition; however, the insurance company is denying coverage for these.

XXXX – Physician Notes- XXXX: The patient presents with a chief complaint of constant XX of the head since XXXX. It has the following quality: circumferential. The patient describes the severity as moderate. The problem is made better by rest, made worse by XX and unchanged by bright light, ice/cold compress, exertion, fatigue, lack of sleep, lying down, noise and sleep. Context: The patient reports it was the result of an injury that occurred on XXXX, which was work related, which had a sudden onset. The patient had no similar problems in the past. This is not the result of a XX. Patient denies that any non-work-related event or illness possibly contributed to or is related to development of symptoms. The patient reports that the onset was: associated with XXXX, not associated with bright light; not associated with a recent illness. Pt presents for circumferential XX of XX/10 after XXXX. Diagnoses: Post-traumatic XX, unspecified, not intractable (XX.XX) – No workup. Medication Orders: Prescribed: XXXX by mouth twice a day as needed after food. Plan: Return to clinic XXXX for a recheck. Fit for duty without restrictions, starting XXXX. Causation: It is my determination that the mechanism of injury is consistent with the symptoms in question. Compensability: Based upon the patient history, the available objective data and my medical opinion, I believe this incident is highly likely to be work related. Pt was offered for I.M. XXXX for XX relief, but XXXX is afraid if it

will make XXXX drowsy, and XXXX denies for it. Pt was discussed benefit and s/e of the med as well. Please let your adjuster know for neurology; doctor consultation has been advised and stay in touch with them. If the XX is severe, excruciating and not tolerable, please don't wait and may need to go to ER for further work up. Pt verbalized understanding.

XXXX – MRI Report- XXXX: Exam: MRI of the brain without contrast. Clinical Information: XX following an injury at work. Findings: The fourth ventricle is normal in size and located midline. There are no mass lesions in the posterior fossa. The XX XX are in anatomic position. There is no evidence of a XX malformation. The supratentorial ventricular system and basilar cisterns are normal in size and clear. There is no midline shift, mass effect or evidence of XX. There are no intra-axial or XX lesions. The pituitary gland is normal in size. The XX is midline. XX shows no abnormality. There are multiple XX of XX XX ranging in size from 1-8mm scattered randomly in the deep while matter of the frontal and XX XX. Diffusion images show no evidence of XX ischemia. There is a XX XX XX in the XX maxillary sinus. The remaining XX and XX are clear. Impression: 1) No XX intracranial abnormality is demonstrated. 2) A XX in the XX maxillary sinus. 3) Multiple XX of XX XX scattered randomly in the deep white matter of the XX and XX XX. Differential diagnoses include but are not limited to: XX of XX or XX small vessel disease.

XXXX – Physician Notes- XXXX: The patient is a XXXX who presents to the practice today for a transition into care. The patient is transitioning into care from another physician. Additional reasons for visit: XXXX. Subjective Transcript: XXXX The patient presents at this time with several complaints resulting from that injury. Firstly, the patient complains of XX. Prior to the event of XXXX the patient generally had XX no more than once monthly, described as an occipital and posterior discomfort behind the XX ear, often associated with XX but no nausea or vomiting. Following the XXXX has developed a pattern of XX occurring as many as XX days monthly described as a XX XX and XX throbbing pain associated with XX, XX and XX sensitivity but no focal weakness, numbness or tingling. There has been no spontaneous loss of consciousness. XXXX is also aware of increasing difficulty with irritability as well as memory and cognitive function, poor concentration, distractibility and mood disturbance. The XX have been treated most recently with XXXX with no benefit. XXXX has also developed a pattern of neck pain following the XXXX, but this has been slowly improving. It is located centrally without any radicular symptoms into the upper extremities. Assessments and Plan: Concussion with no loss of consciousness (XX); Procedures: EEG Digital Analysis and Instructed to make follow up appointment for office visit following completion of diagnostic tests. XX (XX); Medication: Started XXXX at onset of XX; Started XXXX, 1. Post-traumatic encephalopathy (XX); Procedures: Neuropsychological testing administered by technician, Neuropsychiatric testing by physician, XX (XX)

XXXX – Neurological Report- XXXX: Electroencephalogram Report: Classification: XX, XX XX. Interpretation: This EEG is abnormal due to the presence of dysrhythmic showing with phase-reversing components noted in the XX anterior temporal region. Such findings are seen in patients with XX considered potentially XX. Report: This is an XX performed with the patient in the awake state with electrode placement employing the XX XX. The resting background consists of XX, posteriorly dominant and XX hemispheres. The background is reactive in a normal XX maneuvers. XX was performed and does not produce any change in the background.

Photic stimulation was presented to the patient and does not elicit a driving response. Throughout the record, intermittent moderate amplitude theta slowing is noted in the XX anterior temporal region. No epileptiform features are observed. Phase-reversing components are noted in the same region. No other focal abnormality is observed in this record. Spike detection software was employed. The patient remains awake throughout the record. Digital analysis of EEG was performed.

XXXX – Physician Notes-XXXX: The patient is a XXXX who presents with a complaint of XXXX. Subjective Transcription: The patient is seen for follow up and re-evaluation. XXXX was last seen XX weeks ago. Since the patient was last seen, there have been no intervening hospitalizations or surgeries. The patient is followed for symptoms resulting from a work injury, as previously noted. XXXX presented with multiple complaints including XX, irritability, poor concentration, distractibility and neck pain. XXXX has been taking XXXX at bedtime without side effects. This medication has brought about a dramatic reduction in XX frequency from every other day to no more than two in the last XX weeks. XXXX have previously been effective in relieving the XX. For reasons that are unusual, the XXXX was ineffective in breaking XX. XXXX continues to be unaware of difficulty with distractibility, inattention and poor concentration. XXXX has otherwise had no new neurologic or constitutional symptoms. Assessments and Plans: Post-traumatic XX (XX) – Medications – Started XXXX. Additional Instructions: Follow up in XX weeks or as needed and How to access health information online. XX (XX). Assessment Transcription: We will continue the patient on XXXX which has been very effective in reducing XXXX XX. XXXX test of variables of attention in the office today was markedly abnormal. We will give the patient a trial of XXXX to deal with attention deficit disorder. XXXX will be prescribed XXXX to take for breakthrough XX.

XXXX – Neurological Report- XXXX: Test of Variables of Attention: Interpretation: This is a markedly abnormal Test of Variables of Attention with findings which are consistent with XX. Clinical correlation is advised. Report: This Test of Variables was administered without any XX medication. This attention comparison XX variability score is abnormal throughout the examination. The response time is abnormal throughout the examination. The XX is abnormal in the second half of the examination. The XX is abnormal in the second half of the examination. Domains tested: XX

XXXX – Physician Notes- XXXX: The patient is a XXXX who presents with a complaint of XXXX. Subjective Transcription: The patient is seen for follow up and re-evaluation. XXXX was last seen XXXX. Since the patient was last seen, there have been no intervening hospitalizations or surgeries. The patient has been taking XXXX each morning with no side effects. There is a dramatic improvement in XXXX ability to focus, concentrate and stay on task that lasts throughout the workday. XXXX takes XXXX. The patient has been free of XX on the XXXX. XXXX has required no XXXX medications. XXXX is working full time and doing well. XXXX has had no new symptoms. Assessments and Plans: Concussion with no loss of XX (XX); XX (XX) – Medications – Changed XXXX- at onset of XX Ref. XX, Continued XXXX at XX. Additional Instructions: Follow up in XX or as needed and How to access health information online; Post-XX (XX) – Medications – Continued XXXX daily No Refill. Assessment Transcription: The patient is neurologically stable and improved with XXXX and XXXX. We will keep XXXX on the same. We will see XXXX in XX year, or sooner should

problems arise.

XXXX – URA Determination- XXXX: This letter is in reference to XXXX and the request is for XXXX that was received on XXXX. This request has been evaluated against individual treatment protocols that are evidence-based, scientifically valid, and outcome-focused and XXXX internally derived treatment guidelines, if applicable. This letter will serve as written notice that we are unable to authorize this request based on the clinical information provided. We have been unable to speak with the provider of record and the clinical information available for our review does not meet preliminary guidelines. PA Rationale: Summary of Records: XXXX is a XXXX claimant, DOB XXXX, with a date of injury of XXXX. The mechanism of injury is unspecified. This claimant has complaints of XX, irritability, poor concentration, distractibility, and neck pain. Continues to be aware of difficulty with distractibility, inattention and poor concentration. The objective findings include: no significant objective findings noted. This is a request for XXXX. The proposed treatment consisting of XXXX is not medically necessary. In this case, this claimant presents for complaints of XX. The provider is requesting continuation of this medication, but no documentation of efficacy is noted. Therefore, the proposed treatment consisting of XXXX is not medically necessary. Due to the nature of this drug, weaning is recommended. The proposed treatment consisting of XXXX is not medically necessary. Per guidelines, "Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function." In this case, this claimant presents for complaints of XX. The provider is requesting continuation of this medication, but no documentation of efficacy is noted. Therefore, the proposed treatment consisting of XXXX is not medically necessary. Due to the nature of this drug, weaning is recommended. The proposed treatment consisting of XXXX is not medically necessary. Per guidelines, "Assess the likelihood that the patient could be weaned from opioids if there is no improvement in pain and function." In this case, this claimant presents for complaints of XX. The provider is requesting continuation of this medication, but no documentation of efficacy is noted. Therefore, the proposed treatment consisting of XXXX is not medically necessary. Due to the nature of this drug, weaning is recommended. The proposed treatment consisting of XXXX is not medically necessary. Per guidelines, "Recommended as an option for second-line, augmented therapy for PTSD." In this case, the provider states this medication has been effective in reducing XXXX XX, but there is no objective improvement in pain and function. Therefore, the proposed treatment consisting of XXXX is not medically necessary. Due to the nature of this drug, weaning is recommended.

XXXX – URA Re-Determination- XXXX: This letter is in reference to a request for XXXX that we non-authorized on XXXX. A reconsideration request was received on XXXX. I am unable to authorize this reconsideration based upon the clinical information available and/or our discussion with the provider of record. Summary of Records: XXXX is a XXXX (DOB XXXX) with a date of injury on XXXX. The claimant sustained a XXXX. The claimant has diagnoses of concussion with no XX, XX, and post-traumatic XX. Previous treatment includes medication. On XXXX, it was stated that XXXX had no benefit for the claimant's XX. XXXX was started on XXXX and XXXX. It was stated on XXXX that XXXX was effective in relieving XX as was XXXX and that XXXX was ineffective. The most recent clinical encounter dated XXXX was reviewed. XXXX yielded a dramatic improvement in XXXX ability to concentrate, focus, and stay on task. The claimant has been XX-free on the XXXX and has required no XXXX medication. The provider notes the claimant is currently working full-time and is doing well with no new

symptoms. Physical examination is without demonstrated abnormality or cognitive dysfunction. An MRI of XX on XXXX showed findings of XX measuring XX scattered randomly in the deep white matter of the XX and XX lobes. The claimant's medication history states XXXX extended release was started on XXXX, XXXX was started on XXXX, XXXX was started on XXXX, and XXXX was started on XXXX. Other medications include XXXX, XXXX, and XXXX. The plan is to continue XXXX, XXXX and XXXX. The proposed treatment consisting of XXXX is not medically necessary. Per guidelines, "Frequently review medications with use of electronic medical record evaluation, prescription drug monitoring reports when available, and pill counts." In this case, this claimant previously experienced poor concentration and distractibility with markedly abnormal test of variables of attention. Since the initiation of XXXX, the claimant reports dramatic improvement in ability to focus, concentrate and stay on task throughout the workday. Unable to reach provider for peer conversation to modify request of other medications, unable to certify this medication. Therefore, the proposed treatment consisting of XXXX is not medically necessary. No, the proposed treatment consisting of XXXX is not appropriate and/or medically necessary for this diagnosis and clinical findings. Per guidelines, "Frequently review medications with use of electronic medical record evaluation, prescription drug monitoring reports when available, and pill counts." The most recent clinical encounter does not indicate the claimant is currently utilizing this medication nor any documented benefit. There is no discussion of its need and it states the claimant has improved attention and focus since taking XXXX. In addition, due to the high XX misuse measures similar to prescribing opioids should be employed. The records do not indicate use of prescription monitoring or urine drug screening practices. Therefore, the proposed treatment consisting of XXXX is not appropriate and/or medically necessary for this diagnosis and clinical findings. Due to the nature of this drug, weaning is recommended. The proposed treatment consisting of XXXX is not appropriate and/or medically necessary for this diagnosis and clinical findings. Per the guidelines, "Not recommended for XX pain." The most recent clinical encounter indicates claimant is XX-free with utilization of XXXX. It was previously stated XXXX was ineffective. This medication has a potential of dependence development, it should not be utilized unless other abortive measures are ineffective. Therefore, the proposed treatment consisting of XXXX is not appropriate and/or medically necessary for this diagnosis and clinical findings. The proposed treatment consisting of XXXX is not medically necessary. Guidelines indicate anti-convulsants such as topirimate are recommended for neuropathic pain, but not for XX nociceptive pain. The most recent clinical encounter indicates claimant is XX-free with utilization of XXXX. Due to inability to reach provider for peer to peer to modify request, unable to certify this medication. Therefore, the proposed treatment consisting of XXXX is not medically necessary.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**
The request for this claimant's medications has been found to be not medically necessary and is there for upheld.

Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The claimant's medication history states XXXX. Other medications include XXXX. The plan is to continue XXXX. The proposed treatment consisting of XXXX is not medically necessary. Per guidelines, "Frequently review medications with use of electronic medical record evaluation, prescription drug monitoring reports when available, and pill counts." In this case, this claimant

previously experienced poor concentration and distractibility with markedly abnormal test of variables of attention. Since the initiation of XXXX, the claimant reports dramatic improvement in ability to focus, concentrate and stay on task throughout the workday. Since monitoring of this medication cannot be verified, the proposed treatment consisting of XXXX is not medically necessary.

The proposed treatment consisting of XXXX is not appropriate and/or medically necessary for this diagnosis and clinical findings. Per guidelines, "Frequently review medications with use of electronic medical record evaluation, prescription drug monitoring reports when available, and pill counts." The most recent clinical encounter does not indicate the claimant is currently utilizing this medication nor any documented benefit. There is no discussion of its need and it states the claimant has improved attention and focus since taking XXXX. In addition, due to the high incidence of abuse for stimulants misuse measures similar to prescribing opioids should be employed. The records do not indicate use of prescription monitoring or urine drug screening practices. Therefore, the proposed treatment consisting of XXXX is not appropriate and/or medically necessary for this diagnosis and clinical findings. Due to the nature of this drug, weaning is recommended.

The proposed treatment consisting of XXXX is not appropriate and/or medically necessary for this diagnosis and clinical findings. Per the guidelines, "Not recommended for XX pain." The most recent clinical encounter indicates claimant is XX-free with utilization of XXXX. It was previously stated XXXX was ineffective. This medication has a potential of dependence development, it should not be utilized unless other abortive measures are ineffective. Therefore, the proposed treatment consisting of XXXX is not appropriate and/or medically necessary for this diagnosis and clinical findings. The proposed treatment consisting of XXXX is not medically necessary. Guidelines indicate anti-convulsants such as topirimate are recommended for neuropathic pain, but not for XX nociceptive pain. The most recent clinical encounter indicates claimant is XX-free with utilization of XXXX. Again, since the monitoring of this medication cannot be verified, the proposed treatment consisting of XXXX is not medically necessary.

**Per ODG:**

**ODG Criteria**

**Indications for manipulation as prophylactic treatment of XX:**

*Migraine*: There is evidence that XX manipulation may be an effective treatment option with a short-term effect similar to that of a commonly used, effective drug (amitriptyline).

*XX tension type XX*: XX manipulation is superior in the short term.

*XX tension-type XX*: There is evidence that XX manipulation is not effective.

*Cervicogenic XX:* There is evidence that both neck exercise (low-intensity endurance training) and XX manipulation are effective in the short and long term when compared to no treatment. There is also evidence that XX manipulation is effective in the short term when compared to massage or placebo XX manipulation, and weaker evidence when compared to XX mobilization.

*Post-traumatic XX*: There is weaker evidence that XX mobilization is more effective in the short term than cold packs in the treatment of post-traumatic XX.

**ODG Chiropractic Guidelines:**

12 visits over XX weeks

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF XX LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**