



17304 Preston Road, Suite 800 | Dallas, Texas 75252  
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## Notice of Independent Review Decision

**IRO CASE #** X

**DESCRIPTION OF THE SERVICE OR SERVICES 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 (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)



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## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X with a reported work-related injury on X. Patient primary diagnosis was cervical spondylosis with associated cervical radiculopathy. Presently patient continue to complain of neck pain bilateral shoulder pain and some cervical radiculopathy more on the right than left.

Patient did undergo X. Since then, patient continues to complain of cervical pain bilateral shoulder pain and headaches. Patient underwent PT and was treated with but not limited to pain meds, muscle relaxant and anti-inflammatory. Patient had a thoracic MRI showed mild scoliosis. EMG was done on X showed chronic radiculopathy at X. On physical exam patient continues to complain of neck pain bilateral shoulder pain and tingling on the right and according to examining physician had positive Hoffman sign, Tinel's, sign, and Phalen sign.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Per ODG references the requested "X" is not medically necessary.

EMG showed chronic radiculopathy no other findings.

Thoracic MRI showed mild scoliosis or otherwise normal. On

physician physical exam there were no objective findings to support performing an X. Therefore, the X is not certified.

**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 KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC 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



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- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES