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An Independent Review Organization
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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X

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:

- Overturned Disagree
- Partially Overturned Agree in part/Disagree in part
- Upheld Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who suffered a work-related injury on X, when after the ice-storm, X went to work to X on the initial evaluation. X did not recall how long X was on the ground. X

reported X suffered a laceration to the back of X head and subsequent pain to the neck and bilateral shoulders. The diagnosis was postconcussional syndrome, sprain of ligaments of cervical spine, and radiculopathy of the cervical region. X, MD evaluated X on X for the chief complaints of head and neck pain / weakness in arms. X was injured during the X, when X. X reported laceration to the back of X head, neck pain, and bilateral shoulder pain. EMS was called and X was taken to X. A CT scan of the head and MRI of the cervical spine were done and showed moderate broad-based disc bulging at the X level and mid central canal stenosis. At X, there was mild broad-based disc bulging without central canal stenosis; mild bilateral neural foraminal canal narrowing secondary to facet and uncovertebral joint hypertrophic degenerative changes. At the time, X reported pain to the cervical region and to bilateral arms; and weakness and pain to the arms. X reported occasional nausea since the accident. X also reported episodes of getting flustered / confusion / zoning out spells since the accident. Examination noted a blood pressure of 122/85 and BMI 37.45. a positive left and right Tinel sign was noted. The assessment was laceration without foreign body of scalp, postconcussional syndrome, sprain of ligaments of cervical spine, and radiculopathy of cervical region. An MRI of the brain and 24-hour video electroencephalogram (EEG) were ordered. An EMG/NCV of the bilateral upper extremities were ordered to look for radiculopathy versus neuropathy versus focal nerve entrapment. X was continued. An MRI of the brain dated X was unremarkable. Specifically, no posttraumatic imaging abnormality was present. Treatment to date included medications (X). Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "As per the ODG Guidelines, electromyography (EMG) may be recommended as an option in atypical cases but the history provided is insufficient to determine if the symptoms are atypical and insufficient to support the need for any testing. There is mention of bilateral arm pain, numbness, and weakness but no detail as to the location, pattern, distribution of pain in each arm, the frequency of pain in each arm, the duration of pain in each arm, etc. No weakness was documented on exam. The claimant's X MRI of cervical spine did not show any significant narrowing or compressive lesion. Given there is no MRI evidence of nerve compression the claimant does not have a radiculopathy and the X) are not medically necessary. As per the ODG Guidelines, X are not generally recommended. In addition, a detailed history suggestive of a neuropathy should be provided to support the need for X. No such history was provided. There is mention of bilateral arm numbness but no detail as to the location, pattern, distribution of numbness in each arm etc. In addition, no sensory exam was provided i.e., with

complaints of numbness assessment of light touch, pinprick, etc., should be documented. Regarding solely whether the submitted CPT codes are correct for the request codes X are not correct because only one of these codes should be submitted based on the number of nerves tested. Codes X are correct for the EMGs. Recommend non-certification.” In a letter dated X, Dr. X wrote that at the time, X reported pain to the cervical region with radiation to bilateral arms, associated with bilateral arm weakness, tingling, and numbness. Following X examination, an X was ordered to assist with localizing, prognosis, and guidance of any potential surgical intervention if needed. The X is also necessary to evaluate the serratus anterior, supraspinatus, and pectoralis in addition to other leg and arm muscles. An X is needed to evaluate nerve conduction and muscle reaction to stimulus and to look for evidence of radiculopathy resulting from X injury that could be causing some of the symptoms of paresthesia and pain to X upper extremities. An X was performed in patients who complain of numbness and numbness and tingling in conditions that may affect the peripheral nerves or the nerve root. Your muscles move when nerve signals from the brain tell them to get to work. An X. X. The test can tell whether a nerve has been damaged. As X was involved in a high-impact accident that may have caused injury to X. An X needed to be done together to give more complete information and while an MRI or an x-ray of the spine could provide clues about its structure, X. It was a good tool to make a diagnosis and plan for appropriate treatments as it could worsen if correct treatment was not given. In summary, the use of X was medically necessary for X medical condition. Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD as not medically necessary or appropriate. Rationale: “The ODG generally recommends X. Per this review, this individual is not documented to have any neurologic abnormality consistent with radiculopathy or neuropathy on the associated physical examination that would warrant further investigation with the proposed diagnostics in the absence of an adequate trial of conservative therapy. Additionally, no strong neurological indicators for carpal tunnel syndrome warranting an X were indicated during discussion. As such, the medical necessity of the requested treatment is not established. Therefore, the request for X is not medically necessary or appropriate.” In a letter dated X, Dr. X documented that X endorsed pain to the cervical region with radiation to bilateral arms, associated with bilateral arm weakness, tingling, and numbness. X examination was notable for positive Tinel sign bilaterally. The X would assist with localizing and objectively assessing the reported symptoms. And while the X. Thus, an X study would help objectively

evaluate, and would provide guidance of any potential surgical intervention if needed. An X was needed to evaluate nerve conduction and muscle reaction to stimulus and to look for evidence of radiculopathy resulting from X injury that could be causing some of the symptoms of paresthesias and pain to X. An X was performed in patients who complained of numbness and numbness and tingling in conditions that may affect the peripheral nerves or the nerve root. Your muscles move when nerve signals from the brain tell them to get to work. An X X. X. The test can tell whether a nerve has been damaged. As X was involved in a high-impact accident that may have caused injury to X. An X needed to be done together to give more complete information and while an, X. It was a good tool to make a diagnosis and plan for appropriate treatments as it could worsen if correct treatment was not given. In summary, the use X was medically necessary for X medical condition. The claimant is a X. X has tingling and numbness and reported weakness. X is requested. Cervical MRI showed some changes as below X, brain MRI was unremarkable X, office visit, Chief complain work compensation, headache and neck pain, arm weakness. During ice storm in X, X went to work, to X. X reported laceration of the back of X head, neck pain and bilateral shoulder pain. At that time X had head CT, cervical spine MRI showing moderate broad based disc bulging at X, and mild central canal stenosis, on X was mild broad based disc bulging without central canal stenosis, mild bilateral neuroforaminal canal narrowing secondary to facet and uncovertebral joint hypertrophic degenerative changes. Exam strength 5/5 bilaterally no drift no cogwheeling. Sensory positive left and right Tinel sign. Plan radiculopathy cervical, start gabapentin, X due to complaints of pain numbness weakness and tingling. Reason for X is look for radiculopathy, neuropathy, focal nerve entrapment. I agree with independent review decisions, that X is not medically necessary. The provided medical file comment about weakness, tingling, and numbness, however the provided exam was 5/5, with positive Tinel bilaterally. no detailed description of the symptoms, dermatomal distributions, aggregating maneuver or positions, the exam does not comment about reflex, DTR, abnormality, strength was 5/5. The changes seen on cervical brain MRI are not casually related to accident, those are chronic neuro degenerative changes, and did not develop acutely. X is not medically necessary and non certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The claimant is a X. X has tingling and numbness and reported weakness. X is

requested. Cervical MRI showed some changes as below X, brain MRI was unremarkable X, office visit, Chief complain work compensation, headache and neck pain, arm weakness. During X, X went to work, to assess X. At that time X had head CT, cervical spine MRI showing moderate broad based disc bulging at X, and mild central canal stenosis, on X was mild broad based disc bulging without central canal stenosis, mild bilateral neuroforaminal canal narrowing secondary to facet and uncovertebral joint hypertrophic degenerative changes. Exam strength 5/5 bilaterally no drift no cogwheeling. Sensory positive left and right Tinel sign. Plan radiculopathy cervical, start X, X due to complaints of pain numbness weakness and tingling. Reason for X is look for radiculopathy, neuropathy, focal nerve entrapment. I agree with independent review decisions, that X is not medically necessary. The provided medical file comment about weakness, tingling, and numbness, however the provided exam was 5/5, with positive Tinel bilaterally. no detailed description of the symptoms, dermatomal distributions, aggregating maneuver or positions, the exam does not comment about reflex, DTR, abnormality, strength was 5/5. The changes seen on cervical brain MRI are not casually related to accident, those are chronic neuro degenerative changes, and did not develop acutely. X is not medically necessary and non certified

Upheld

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
- AHRQ- 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 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
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL