

**I-Resolutions Inc.**  
**An Independent Review Organization**  
**3616 Far West Blvd Ste 117-501 IR**  
**Austin, TX 78731**  
**Phone: (512) 782-4415**  
**Fax: (512) 790-2280**  
**Email: [@i-resolutions.com](mailto:@i-resolutions.com)**

***Notice of Independent Review Decision  
Amendment X***

**IRO REVIEWER REPORT**

**Date:** X; Amendment 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 was injured on X while doing X. X was X. The left arm was replaced with a paper towel roll. X leaned on the paper towel roll, and it gave way and X slipped to the left. X caught X fall and did not fall from the chair. X reported X hurt X left shoulder, left arm, and low back. The diagnosis was X was evaluated by Dr. X on X for further care regarding X chronic neck, shoulder, and arm pain complaints. X cervical MRI findings were reviewed. X had pain into X left neck, X shoulder on the left as well as down into X right hand in the X distribution. at the time, Dr. X would recommend a X as X had failed X. X was getting fair relief at the time with X. At the time, X had X. Coughing and sneezing exacerbated the pain consistent with X. Due to X ASA III status, fear and anxiety associated with X, X would require X for appropriate monitoring in the prone position. X needed to be off all X one week prior to X and Dr. X would go ahead and arrange for this pending insurance authorization. X, MD evaluated X on X for a follow-up. X had been discharged and was seeing pain management and had requested a visit. X had an MRI of the X which revealed X. X pain management physician was giving X medication and wanted to do an X, which was denied. X was appealing this. X reported that X could not move X arms because of the problem in X neck. On examination, X was obese. X had a paucity of movement. Passive range of motion of the shoulders was essentially normal, but active was essentially nil. X appeared to make almost no voluntary movement of X upper extremities. The assessment was left trapezius and shoulder strain, and lumbar strain. X was to continue follow-up with pain management and return to work with restrictions. X would follow-up in a month or as needed. On X, X visited X, DO for a follow-up. X continued to have severe neck pain radiating into X left arm and hand associated with cervical radiculopathy, left shoulder injury, thoracic strain, all following a work injury. X injury where X fell suddenly off a broken chair with X left neck torquing into X left shoulder whereby X shoulder brunt this main injury; however, the recoil of X neck appeared to have injured X. MRI of the X showed a X. This was highly consistent with the torsional effects as a cause and effect from the fall. X persistent neck, shoulder and arm pain would require interventional pain care and Dr. X had recommended X. The physician who

reviewed this case was looking for X. Dr. X noted that X was not needed. The X was to direct causing the X was due to the injuries in a X, which were corroborated with X MRI, specifically, X. X neck pain was consistent with the X. For this reason, the X should be included in X initial injury. X gave no prior history of neck pain, radiculitis, pain into the left arm and hand. Once again, X had decreased grip strength on the left with decreased pinprick in the X distribution. X felt the medicines were starting to help. This included X. Dr. X planned to X at the X. X was to continue with X at night, which X stated for the first time since X injury on X, X was sleeping, and X affect had improved with X at night as well as X was getting X. X gastric upset had improved. Dr. X spent extra time going over the peer review process with X, separate to the ongoing interview. They discussed and went over X PMP, which was satisfactory, and excellent compliance had been noted. X affect was stable, as X felt X was finally getting the help and diagnostic workup that X so deserved, and they were going to resubmit for X. Due to the X, Dr. X was going to recommend a X. This should go a long way in hastening X recovery in a nonsurgical manner. Further delays would only lead to refractory and costly pain compliant with increased healthcare cost. Dr. X would refer X to Dr. X for X. Further delays would only lead to refractory, costly pain complaint with further disability and dysfunction anticipated. An MRI of the cervical spine dated X, identified X. In addition, the X. This contributed to X. There was X. The central spinal canal measured as little as X. There was moderate to s X. There is X. This could be due to muscle spasm. Level-by-level findings were as follows: At X, there was a mild X. The X measured approximately X. Mild X was noted. There was no significant X. At X, there was a X. This mildly indented the X. The X measured approximately X. Mild X was noted. There was no significant X. X noted a X. The X measured approximately X. Mild X was noted. There was no significant X. At X, there was a X. This contacted and mildly flattened the X. The X measured approximately X. There was no significant X. At X, there was a X, posteriorly measuring up to approximately X. There was X. The X measured approximately X. Mild flattening of the X was noted. There was no significant X. There was moderate to severe X. At X, there was a X measuring approximately X. This extended above the level of the X. The X measured approximately X. There was X. No significant X was noted. 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: "In regards to this request, the patient has radicular neck pain, which is corroborated by a physical exam, which showed decreased X

on an office visit dated X, and imaging which shows X. The patient has trialed X. However, the requested X is not included in the request. In addition, there should be no documentation of X. Therefore, the request for a X is non-certified.” Per a reconsideration review adverse determination letter dated X, the appeal request for X, was denied by X, MD. Rationale: “In this case, there is no documentation of X. Additionally, the quality of the conservative measures should be documented prior to recommending X. Furthermore, there is no documentation of X. Moreover, there is no documentation of quantifiable measures, of objective neurological findings, to fully validate the presence of radiculopathy. Therefore, the request for X is not certified.” The requested X is not medically necessary. The requested X does not demonstrate the level in which the X is to be administered. In addition, the records do not reflect a X. As such, the guidelines have not been met for the requested X. No new information has been provided which would overturn the previous denials. 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 requested X is not medically necessary. The requested X does not demonstrate the level in which the X is to be administered. In addition, the records do not reflect a X. As such, the guidelines have not been met for the requested X. No new information has been provided which would overturn the previous denials. 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
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)