

**Applied Resolutions LLC**  
**An Independent Review Organization**  
**1301 E. Debbie Ln. Ste. 102 #790**  
**Mansfield, TX 76063**  
**Phone: (817) 405-3524**  
**Fax: (888) 567-5355**  
**Email: @appliedresolutionstx.com**  
***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 was injured on X. X was working as a X when X had a X. The diagnosis was strain of muscle, fascia and tendon at neck level and radiculopathy of lumbar region. On X, X was evaluated by X, MD for a follow-up visit. X presented for low back pain and rated pain X. X was involved in a work-related injury, dated X. X was working as a X when X had a X. X went to an urgent care the next day and found out X had X. X had undergone left shoulder surgery by X and cervical fusion performed by X. X had pain to neck, constant as popping pain and stabbing pain just started X month after surgery in X. X did not know where X. There was left sided radiating, shooting pain to shoulder and left side neck pain present. X reported neck popped and became immobile; limiting X range of motion (ROM). Neck pain was worse than the pain radiating down X left arm. X did have scheduled for X for lower back with Dr. X. X was going to do X on left shoulder and arm and had limited ROM. X received X from Dr. X and stated that it did not work well. X had a cervical MRI from X. X mentioned that X had been going through therapy for neck pain. X underwent several conservative modalities of pain treatment including the use of X. They reviewed radiological studies, X did not have X, X had X. At the time, X rated pain X. On examination, X weight was 185 pounds and body mass index (BMI) was 28.13 kg/m<sup>2</sup>. Physical examination revealed X. Back examination revealed X. There was X. The pain increased with flexion and extension of the back. There was some loss of lumbar lordosis. Range of motion revealed flexion was X impaired, extension was X impaired, and lateral bending was X impaired. There was pressure and moderate tenderness over the sacroiliac joints. X test was X. There was some tenderness over the X present. The pain followed distribution of X. There was a X. The pain located at the low back X. Extremities revealed X. X test was X. X was X and X was X. There were X noted. There were X on the right patellar tendon than left. There was X. The history and X. A X may provide information for the diagnosis of this severe joint pain condition. Treatment plan included X. X was advised to continue X. On X, X was evaluated by Dr. X for A follow-up visit. X presented with moderate-to-severe bilateral cervical pain. The pain was sharp at times with a stabbing sensation in the back of the neck. The pain was exacerbated with flexion and extension of the

cervical spine and with rotation to the left and right. X also reported having some sleep disturbances secondary to the pain. X had left side radiating shooting pain to shoulder and left side neck pain. X stated that that neck "pops" and became immobile; limiting X ROM. The neck pain was worse than the pain radiating down X left arm. The pain was impairing X sleep pattern and some daily activities. X rated pain X. Neck examination revealed left side radiating shooting pain to shoulder and left side neck. X stated the neck popped and became immobile; limiting X ROM. The neck pain was worse than the pain radiating down X left arm. Back examination remained unchanged as compared to prior visit. The dose of X was increased and X was scheduled for X. Treatment to date included X. Per a peer review report dated X by X, MD, the request for X was denied. Rationale: "ODG by MCG X. Not recommended in the thoracic spine. A diagnostic X is the preferred procedure to determine X. No more than X. X are not recommended. ODG Criteria for X: Clinical presentation should be consistent with X. X. X is not recommended for the thoracic spine." The patient reports neck pain on a progress note dated X. The patient was diagnosed with facet-mediated pain, and X were recommended. However, this does not corroborate with the physical exam as no cervical spine examination is from the note dated X. Criteria not met. The request is not medically necessary. Therefore, the request for a X is non-certified. "Per a peer review report dated X and utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The guidelines do not support this mode of X. The current diagnosis also report neck pain associated with muscle, fascia, tendon. Therefore, the X is not medically necessary. "Per a peer review report dated X by X, DO, the appeal request for X was denied. Rationale: "Based on the documentation provided and prove the guidelines, the request is not considered medically necessary in this case. Though the claimant has a history of neck pain, it was lack of documentation of reproducible findings on examination. As such, the request is not recommended in this case. Therefore, the request for X is not medically necessary. "On X, an appeal request for X was made. Thoroughly reviewed provided records including peer reviews. While patient reports pain in neck area with strong history of spine issues, including surgical interventions, physical exam does not mention any neck problems or noticeable neck exam, as pointed out by peer reviews. Further, the diagnosis of strain of muscle, fascia, tendon is not an accepted etiology for which X would be attempted. X are not warranted based on documentation provided. 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:**

Thoroughly reviewed provided records including peer reviews. While patient reports pain in neck area with strong history of spine issues, X. Further, the diagnosis of strain of muscle, fascia, tendon is not an accepted etiology for which X would be attempted. X are not warranted based on documentation provided. 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