

IRO Certificate No: X

## **Notice of Workers' Compensation Independent Review Decision**

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

X

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

X.

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a X diagnosed to have cervical kyphosis, cervical disc herniation, and cervical stenosis who was being recommended for X.

Magnetic resonance imaging (MRI) of the cervical spine dated X noted X. There was X. There was a X. The overall X. There were X. X-rays of the cervical spine obtained X were unremarkable.

The progress note dated X noted the patient X. Symptoms have been occurring for the past X months with the patient describing pain as X. X pain level ranged between X depending upon activity. Conservative treatment included X months of X. On physical examination, the patient had X.

There was X. X was X. The patient had a X. X had X. The patient was being recommended for a X.

The peer review report dated X denied the request for X. The rationale stated that there was X. Furthermore, the request does not specify the level of the procedure. Furthermore, X is not supported, with X. Furthermore, X. As for X.

The peer review report dated X also denied the X. The rationale stated that the X MRI scan showed a X. However, the more recent MRI from X did not show any evidence of X. It appeared that the X. Given that the X was not authorized, the X were likewise not warranted. This review is regarding X.

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

According to the Official Disability Guidelines, in order to meet the criteria for X. The patient should have X. Surgery may be indicated for X. The American College of Occupational and Environmental Medicine practice guidelines states that X is not recommended for X.

The documentation provided for the review noted that the patient was X. There was also evidence of X. However, the MRI report dated X did not identify X. The physician had recommended a X. X-rays from X were unremarkable and

did not identify any instability. Furthermore, the clinical records did not support that the patient X.

The postoperative use of X. The request for X. Regarding X , the guidelines X. The request for X. Given these findings, the current requests cannot be authorized. As such, in accordance with the previous denial, X is not medically necessary.

### **SOURCE OF REVIEW CRITERIA:**

- 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
- 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)

**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)