

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]: The patient is a X with a history of an occupational claim from X. The mechanism of injury is detailed as an item X. The current diagnosis of the patient is documented as cervico-occipital neuralgia. The comorbidities of the patient are documented as X. The previous treatments of the patient included X.

On X, the patient presented for X follow-up for post- X. The patient's medication list included X. The patient had X. The patient was last seen on X. The patient was utilizing X. The patient noted X. The patient reported right upper extremity pain and numbness that radiated from the cervical spine. The patient had been referred to X. The patient was attending X to improve X. X had not been helpful. X was not decreasing the X. The physical exam findings of the patient noted X. The patient was unable to perform finger-to-nose. The X was X. There was a wide-based X with unsteady

station. There was X. There was give-way effort of the right lower extremity. There was markedly X. There was pain with X. There was X. There was X. The provider suspected that the patient was having some occipital neuralgia contributing to migraines. The patient was unable to utilize X secondary to elevated blood pressure and had X. The patient was to be referred to X.

On X, the patient presented for pain management visit. The patient complained of pain in the back of the head which radiated to the left chest above the heart. The pain was described as stabbing in the chest with a burning sensation. The patient had attempted multiple X. The patient's pain interfered with quality of life and decreased overall ability to perform activities of daily living. The physical exam findings of the patient noted X. There was decreased X. The patient's X was X. There was X. There were t X. There was X. There was a plan for X.

On X, it was noted that a request for X was denied. The request was denied as X were not recommended over X. Reconsideration for the X is requested.

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

The Official Disability Guidelines states that diagnostic X are recommended as an optional test for diagnosis of occipital neuralgia and cervicogenic headache based on low quality research.

X are not recommended for the treatment of occipital neuralgia. They are conditionally recommended for X are not recommended over X. The previous request for X was denied as the guidelines did not recommend X.

In this case, the patient had complaints of X. There was X. There was X. The provider suspected that the patient was having some X. The provider recommended X. However, the documentation did not detail that the X were intended for diagnostic purposes in the evaluation of X. While it is noted that the patient has X. The guidelines do not support X for the management of X. As such, the denial of X is upheld as 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)