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Notice of Independent Review Decision

Amendment

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. X was involved in X. X was X. The X did X. X did X. The diagnosis was strain of muscle, fascia and tendon of lower back; sprain of ligaments

of lumbar spine; strain of muscle, fascia and tendon at neck level; sprain of ligaments of cervical spine; and myalgia. On X, the claimant was seen by X, PA-C for X ongoing complaints of neck and low back pain. X rated pain at worst as X, lowest X and average as X. X had bilateral neck pain. The pain radiated into posterior head, bilateral shoulder blades (L>R), left hand pain to the first and fifth digits. There was newly developed mild pain in the fifth digit of the right hand present. The pain affected X. X completed at least X weeks of X. Regarding low back pain, X had bilateral low back pain. The pain radiated into bilateral buttocks, intermittent sharp left posterior thigh pain (back pain greater than leg pain). X did not perform a X at that time. An x-ray of the cervical spine dated X revealed X. The cervical examination revealed X. There were tender trigger points present at the left scapular, left shoulder, right scapular, and right shoulder. There was pain with motion seen in X. The lumbar examination revealed tenderness at X. There was pain with motion seen in flexion and extension (flexion more than extension). X noted that X suffered from neck pain that significantly affected X functionality and quality of life. X had failed to respond to X. Given X history, physical examination findings, and available imaging, X felt that X pain was X. X would consider X. The treatment plan included X. X was advised to continue X. X was advised to continue X. An MRI of the cervical spine dated X. At the X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “Per ODG, X." This procedure is not recommended in the presence of X. Also, conservative treatment including a X is recommended first. In this case, pain X, and the claimant was diagnosed with cervical radiculopathy. Although X is ongoing, the claimant is not participating in a X. X are not shown to be medically necessary. “On X, X, PA-C wrote an appeal letter stating, “X was involved in a X on X. After the MVC, X has struggled with neck and low back pain that has affected X ability to work. X is currently on X. X has tried X. X finds it helpful to a certain extent, but still struggles with pain. X complains more of neck pain recently as the radiating arm pain has improved with time. For this reason, I ordered X to treat X neck pain. When I saw X on X, X had X. I also always encourage X to continue X. “Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X was denied. Rationale: “ODG by MCG, X states, "Not recommended due to a lack of quality supportive evidence. While complications are infrequent, they can be quite serious. X. (1)X)" The patient is reported to have X. It is noted that the patient has X. The patient is reportedly not utilizing a X. The guidelines do not support the use of this X. Furthermore, the guidelines indicate that the patient is to be involved in an evidence-based X. This request has previously been

denied for similar reasoning. As such, the request is non-certified. “Thoroughly reviewed provided records including imaging findings. Patient initially presented with radicular pain in neck and back, with radiation of pain to multiple extremities. Patient tried X with X weeks of X. Given the presence of radicular pain, per the cited ODG criteria, request for X was denied. However, the provider wrote an appeal letter explaining that patient now complains X. Appears has X. Still, criteria remains that patient’s with radicular pain should not be getting X. X are not medically necessary and no certified

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

Patient initially presented with radicular pain in neck and back, with radiation of pain to multiple extremities. Patient tried X. Given the presence of radicular pain, per the cited ODG criteria, request for X was denied. However, the provider wrote an appeal letter explaining that patient now complains of more pain in neck rather than the radiating/radicular pain. Appears has X. Still, criteria remains that patient’s with radicular pain should not be getting X. X are not medically necessary and no 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