

IRO Certificate No: X

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

**Date of Notice:** X

**Date of Amendment:** X

**Date of Amendment:** X

**TX IRO Case #:** X

### **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 with a history of an occupational claim from X. The mechanism of injury was detailed as X. The diagnoses of the claimant included head contusion and concussion without loss of consciousness. No significant comorbidities were documented for the claimant. Prior treatments were not documented.

On X, the claimant was seen for an evaluation related to X. The headaches were in the left parietal and sometimes would radiate to the bifrontal region. X was associated with a headache. There were episodes of X. The physical exam findings of the claimant noted that the claimant was in X. The claimant was X. The Montreal Cognitive Assessment was X out of X. There was no obvious X. The claimant had a narrow-based X. The provider stated that it was possible that the claimant likely had X. The provider recommended X.

On X, the provider requested reconsideration for X. The claimant developed X. The claimant reported X. The Montreal Cognitive Assessment was performed in the office with a score of X with a normal score being greater than X. Following the initial neurological evaluation. The X test was ordered to X. A low score to suggest why the claimant might be experiencing the related symptoms. The testing was medically necessary for the diagnosis and treatment of the claimant's medical condition.

On X, a request for X with a date of service of X was denied. The request was denied as the injury had not persisted for over X days and there was a lack of supported evidence to necessitate the procedure.

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

The Official Disability Guidelines states that X. For X is not recommended during the first X days post injury, but should symptoms persist beyond X days, testing would be appropriate. X is recommended for failure to improve or deterioration of consciousness following initial medical assessment and stabilization. The Official Disability Guidelines do not specifically address X. Therefore, the MCG Guidelines were referenced. The MCG Guidelines states that X.

The previous request for X was denied as the injury had not persisted for over X days and there was a lack of supported evidence to necessitate the procedure.

In this case, the claimant was diagnosed with concussion without loss of consciousness with injury date of X. On X, the claimant endorsed X. The provider recommended X. It is noted that it had not been X days since the initial injury at the time of the request. However, the appeal letter from X confirmed ongoing symptoms beyond X days. There was also X. In addition, there was X. As such, the X is medically necessary. The prior determination is overturned.

### **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)