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Notice of Independent Review Decision

Amendment X

Amendment X

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, when X had X. The mechanism of injury was not documented in the provided medical records. The diagnoses were unspecified injury of head, postconcussional syndrome, other amnesia, encephalopathy, dizziness and giddiness, and headache. On X, X was evaluated by X, MD in a follow-up visit. X reported having X. Regarding headache, X initially had daily headaches in the left parietal occipital region and sometimes also radiating to the frontal region. X also had associated light and sound sensitivity, but not much nausea. X took X and X daily. X also stated X was on X, and the headaches were much better. X took X that helped with severe headaches. X reported no headache at the time. The dizziness was associated with the headache. X said that once in the lying down resting position, X had a severe vertigo episode. X also described 2- to·3-second episodes of confusion when X forgot things or forgot X way. X also noted short-term memory difficulty since the X. MOCA was X. X reported that X years ago, X had a X. They felt it was possible X had a X. An MRI of the brain to explore if any contusions was completed and was reported to be unremarkable. On examination, blood pressure was 115/70 mmHg. The neurological examination revealed X was X. X moved all four extremities against gravity, power X in upper and lower extremities. There was no obvious X. The X was narrow based. There was X. The assessment was unspecified injury of head, initial encounter; postconcussional syndrome; other amnesia; encephalopathy, unspecified; dizziness and giddiness; and headache, unspecified. It was noted X could take X over the counter as needed for mild headaches but maximum X days a month only. For severe headaches, X could use X. X was to continue X. Dr. X noted that given the X. Dr. X would also recommend X. Dr. X also recommended X. X was stopped. An MRI of the brain dated X revealed normal MRI of the brain without evidence of X. Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied as not medically necessary or appropriate. Rationale: “In this case, the patient is noted to have diagnoses which

include: X. In this case, the patient is reported to have X. However, there has not been any attempt at any previous treatment. The use of this X is for pain which has not responded to initial course of care, which is not in this case. Given the above, the request is denied. “Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X was denied as not medically necessary or appropriate. Rationale: “Regarding X. They are not indicated for other headache types. Regarding X, guidelines state, "Not recommended for treatment of X." Regarding diagnostic X, guidelines state, "Recommended as an optional test for diagnosis of X. Not recommended for other types of headache." Within the medicals available for review, there is documentation of a request for Appeal: X. Additionally, there is documentation of a UR dated X in which a request for X was denied because the patient is reported to have X. An appeal dated X identifies that the patient has daily headaches to the left parietal with radiation to the bilateral occipital region which is associated with photophobia, phonophobia, and dizziness. It additionally identifies that that the patient has tried and failed X." The appeal additionally, gives a list of references in regards to trigger points, fibromyalgia, neck pain, and low back pain. However, the included references do not address occipital nerve pain or migraines. Furthermore, guidelines do not support X. Moreover, there is no documentation that the patient has failed X. Finally, there is no documentation that the patient has failed X. Therefore, Appeal: X is denied”. Thoroughly reviewed supplied documentation. Patient with X. Proceeding to noninvasive intervention such as may be indicated. Though the cited ODG do not explicitly recommend X. Though many patients only experience short term relief from X. The 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:

Patient with X. Proceeding to noninvasive intervention such as X. Though the cited ODG do not explicitly recommend X. Though many patients only experience short term relief from X. The 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