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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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. Per records, X was injured working in the X. X was status X on X. The diagnosis was other chronic pain; other cervical disc displacement, cervicothoracic region. Per indirect records, on the progress report by X, MD dated X, X complained of continued neck pain which had worsened over the past few months as of X. X medications allowed X enough relief so that X could continue to work in a physical capacity. X had migraine occipital headaches due to neck pain. X and X gave X 80 to 90% relief of X symptoms along with X. X had been on the medications for X years and they allowed X to continue to work full-time. Cervical MRI dated X revealed a X. This was essentially unchanged from prior MRI in X and showed X. X was in need of a X; however, this was being denied. Exam revealed X. X was diagnosed with chronic neck pain and trapezial myofascial pain syndrome with trigger points. X pain contract was updated at this visit. Treatment to date included medications X. Per a utilization review adverse determination letter dated X by X, MD, the request for X: "Per Official Disability Guidelines, Pain Chapter, Online Version (updated X), X" Conditionally Recommended. X is limited by the use of X. The absolute maximum dose of X is X. For X." In this case, this patient has chronic pain. The provider notes X provide X to X relief of the patient's symptoms. X has been on the medications for X years and they allow X to continue to work full-time. However, there is also X. Therefore, the request is not certified. (Non-certification does not imply abrupt cessation for a patient who may be at risk for X. Discontinuance should include a X. However, the weaning schedule should be at the discretion of the treating provider in accordance with the patient's treatment plan.)" Rationale regarding X:" Per Official Disability Guidelines, Pain Chapter Online Version (updated X) X. X are also a tool for monitoring." Per Official Disability Guidelines, Pain Chapter, Online Version (updated X) X." In this case, this patient has chronic pain. The provider notes X of the patient's symptoms. X has been on the medications for X years and they allow X to continue to work full-time. However, there is also no documentation of

complications as evidenced X. Therefore, the request is not certified. (Non-certification does not imply abrupt cessation for a patient who may be at risk for X. Discontinuance should include a X. However, the weaning schedule should be at the discretion of the treating provider in accordance with the patient's treatment plan.)"Per a Peer Clinical Review Report dated X, X, MD certified the request for X. Rationale for X: "Documentation indicates the claimant has chronic pain. The provider notes X. X has been on the medications for X years and they allow X to continue to work full-time. Without these medications X would be unable to work and would be disabled. There is an updated pain contract on file however, there is no evidence of X. Given the patient has been on X. X appears to be managing well on X current regimen which allows X to remain gainfully employed. This request is recommended for certification however, future request will be pending evidence of ongoing X." Rationale for X. The provider notes X of the patient's symptoms. X has been on the medications for X years and they allow X to continue to work full-time. Without these medications X would be unable to work and would be disabled. There is an updated pain contract on file however, there is no evidence of X. Given the patient has been on X X. X appears to be managing well on X current regimen which allows X to remain gainfully employed. This request is recommended for certification; however, future requests will be pending evidence of X. "Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the appeal request X was denied. Rationale for X: "Claimant is prescribed X. However, there is no documentation of compliance monitoring including X. There is also no explicit statement that claimant failed X. Last MED exceeds X and guidelines state there is progressively larger risk with MME X or greater per day. Therefore, I recommended this request be non-certified. "Thoroughly reviewed supplied records including peer reviews. No direct documentation from prescribing provider supplied. However, based on indirect documentation, still appears that X. There is no X. No details about why patient requires continued use of X. Texas PMP checked (but not documented by prescribing provider) which does indicate continued prescribing of X. However, given prior mentioned issues, provider needs to document these elements if wishes to continue X. Therefore the requested X are not medically necessary and non certified

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

Thoroughly reviewed supplied records including peer reviews. No direct documentation from prescribing provider supplied. However, based on indirect documentation, still appears that X. There is X . No details about why patient requires X. Texas PMP checked (but not documented by prescribing provider) which does indicate X. However, given prior mentioned issues, provider needs to document these elements if wishes to continue X. Therefore the requested X are 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