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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 OTX
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 is a X who was injured on X. X reported X was X. X showed a X. The diagnosis was chronic neck pain syndrome with persistent left cervical radiculopathy following work injury; cervical disc disruptions with protrusion X associated with chronic neck pain syndrome with persistent left cervical radiculopathy following work injury; and secondary myofascial pain syndrome with associated headache associated with work injury. X, DO saw X on X for an initial pain evaluation. X presented with a chief complaint of chronic persistent left neck, left shoulder, arm, and hand pain associated with numbness, weakness, and tingling, as well as left sprain of the shoulder and left knee sprain following X work injury on X. X had undergone appropriate X and was referred for consideration of treatment of X cervical spine. X pain was worse with coughing, sneezing, and lifting. X admitted to sleep loss and mood irritability. X described X left neck, arm, and hand pain as numbness and tingling with certain activities of daily living. X PMP was satisfactory. Online psychological assessment showed good pain coping mechanism, but despite this, X had persistent pain that affected X sleep. X admitted to X. X found it difficult to find a comfortable position on the pillow. X CESD was X. X ORT or risk for X was minimal X. X GAD-X was X. Spot urinalysis was X. X had tried X. Examination showed X to be in moderate X. The neck was supple with decreased left rotation 40 degrees, right rotation 60 degrees. X could bring X chin within X inch of X chest. There was marked tenderness with flexion of the cervical spine. X had decreased grip strength on the left as compared to the right with decreased pinprick in the X distribution. X were noted in the X. The assessment was chronic neck pain syndrome with persistent left cervical radiculopathy following work injury; cervical disc disruptions with protrusion X associated with chronic neck pain syndrome with persistent left cervical radiculopathy following work injury; and secondary myofascial pain syndrome with associated headache associated with work injury. Dr. X noted X prognosis was fair-to-good in a nonsurgical approach. X was an excellent candidate for X. Contrast would show satisfactory spread across both X nerve roots, and they

would use X to help reduce inflammation and speed up the recovery process. X may, in the meantime, continue with X. X should discontinue X. Due to X status, X associated with, X would require minimal sedation in the prone position. In the meantime, continued exercise and rehabilitative care was suggested. X was seen in follow-up by Dr. X on X. X felt "my neck is now killing me." X could not sleep more than X or X hours without tossing and turning. X described electric sensations into X left arm, hand into the middle digits of X left hand as well as occasionally shooting pain into X right arm and hand. X had X. Dr. X wrote that Dr. X had denied reasonable necessary treatment under the ODG guidelines. First, X suggested excessive X, which Dr. X was not asking for. This was a central cervical procedure in a patient with X. X did not want to feel or see X, which X reiterated at the time. Furthermore, due to the potential side effects or complications for an X, whereby a subarachnoid injection, a subdural injection, or a paresthesia could all occur. Dr. X noted that it was prudent, wise, and acceptable standard of care in the local, national and world communities as a Board Certified X to see that X got appropriate X in the prone position. Sometimes, this required just X and X. Sometimes, it required X to keep a X. Dr. X noted X incident of side effects due to this technique were less than X. Nationally X or spinal punctures occurred anywhere from X, and when explaining these details to X, X said why would X not want X in the prone position. Due to Dr. X denial, Dr. X had to bring X back to the office. This was raising healthcare cost and more importantly, leading to further pain disability. X wanted to proceed with X. As Dr. X had outlined before, as X entered at the X, they used a soft X to target the X at the spinal level, which was of interest in this case X. This allowed them to safely and effectively X without undue movement, spasm, or complication. They were going to recommend this as soon as possible. In the meantime, X had already been gaining some relief with X. Dr. X further substantiated that this was a X that X suffered while at work on X. Further delays in this treatment would lead to refractory, costly pain complaint. The X supported intervention in lieu of the X. Dr. X noted that furthermore, the peer doctor gave no alternative treatment for X who continued to suffer and X final comment is "why would I let anyone X" unless the pain and pathology as X referred to was not "real." X pain scores at the time were X. X looked tired. X stated X could not find a comfortable position at night and they had recommended X pillows under X upper back, X pillow under X head, and further increased X as indicated. In the meantime, continued physical therapy and rehabilitative care with Dr. X was advised and X would be scheduled for this in the

near future. An MRI of the cervical spine dated X revealed discogenic changes present at X through X as described at each individual level below. Findings were most pronounced at X and X. At X, the X. At X, the was a broad X. At X a X-X. At X, a X-X. At X, a X- X. Treatment to date included X. Per a utilization review adverse determination letter and a peer review by X, MD, dated X, the request for X was denied. Rationale: "The is no record of extraordinary circumstances that would X. X is not recommended, and there is no record of factors that would indicate such X. If only "X" is needed, X services would be excessive. Although there are X. X is noncertified." Per a reconsideration review adverse determination letter and a peer review by X, MD dated X, the appeal request for X was denied. Rationale: "In this case, the injured worker sustained an injury on X and was diagnosed with cervicalgia. Within the medical records provided for review, there is no documentation as to why X is being requested. Additionally, there is no documentation of a clinical scenario for which X is required and X will not suffice. Therefore, the appeal request for X is non-certified." Based on the medical records provided, the requested X is not medically necessary. The medical records do not demonstrate the rationale/need for X. There are no extenuating circumstances which would support the need for X. The guidelines and the standard of care do not support the use of X. 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:

Based on the medical records provided, the requested X is not medically necessary. The medical records do not demonstrate the rationale/need for X. There are no extenuating circumstances which would support the need for X. The guidelines and the standard of care do not support the use of X. X is not medically necessary and non certified

Upheld

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTX
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
- OTX 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