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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 is a X who was injured on X. The mechanism of injury was not available in the provided medical records. The diagnoses were myalgia, other site, chronic (X); muscle spasm of back, chronic, (X); other inflammatory spondylopathies, cervical region, chronic (X) and chronic pain syndrome (X). On X, X was seen by X, APRN, for follow up office visit for neck and shoulder pain and injections. X stated the pain level was X. X voiced frustration with X case manager, X, stated that X had to contact X numerous times, felt like X was never listening to X or what X needed. X stated that X did ask Workers' Compensation what X might be covered by X insurance and was informed that, "I would have to speak to you regarding this." X stated that X had worked well for X in the past and were denied, and X did not understand why. X stated that the X. X continued to have pain to the right and left neck region; had an increase in muscle spasms. X would like to have the X ordered again if able. The quality of pain was radiating, annoying, stabbing, tight, tingling, pins and needles sensation, numb, and weakness. The severity of pain was noted as lowest pain level X and highest pain level X. It varied. X stated there was no change in activities of daily living. The aggravating factors included stooping, leaning, weather changes and relieving factors included relaxation, cold packs and hot packs. X was not taking pain medications. X had a X. The pain level before the procedure was

X and post procedure was X. On examination, blood pressure was 145/85 mmHg, weight 161 pounds and body mass index (BMI) was 24.48 kg/m². X appeared to be in severe distress. Cervical spine examination revealed X. The X was X. X was seen at (X) right thumb, with shooting pain. X revealed X, right more than left (right > left), trapezius. The X were X. The forward flexion was X right rotation with flexion X, right lateral bending X, right rotation hyperextension X, extension X, left rotation hyperextension X, left lateral bending X, and left rotation flexion X. The range of motion (ROM) revealed lateral bending X degrees bilaterally, extension X degrees on the right, flexion 30 degrees on the right, and rotation X degrees bilaterally. There was active painful ROM. X was recommended X to the upper back/neck, right side first and left side second. X had reviewed X last pre-certification for X that were ordered by X previous provider, which indicated that: "Comments: _X: pending with WC, faxed/sls ___X: denial reason showing no exam in X visit, which there was, also stating does not show results of X which it does., will appeal/sls____X is determination. wants a peer to peer call Dr X due today, I advised that is late notice. X said they called on X. I asked whos vm did they get. X said just a general vm. We do not have just a general vm. will let X know. not sure that X has time to do this today/sls_" This information was brought to X attention as there was clearly a physical exam indicating that X had pain to this region that the X were ordered and as noted that the case manager said that they left a message with a general voice mail which X did not have. X requested to have this information printed out for X as X was going to personally reach

out to X case manager, X about this. X also noted that X were ordered again as noted above as X had relief from these in the past and the physical examination did indicate that X had X noted to the trapezius region, right greater than left. Treatment to date included X. Per a peer review report / utilization review dated X by X, MD, the request for X was denied. Rationale: "There is no documentation of X. The Official Disability Guidelines state X with local anesthetic may be indicated for the treatment of X. In this case, the patient is status post X fusion in X with current diagnoses that include cervical HNP and postlaminectomy syndrome. At times X still gets a tingling sensation down X arm to fingers that occurs with increased activity and lifting. No physical examination is documented in the current X. In addition, the patient is status X. The patient's work status is also unknown. There is also no indication of any ongoing active treatment with which the requested X might serve adjunctively. Given this information, the medical necessity of repeat X cannot be established. Therefore, my recommendation is to NON-CERTIFY the request for X." Per a peer review report / utilization review dated X by X, MD, the appeal request X was denied. Rationale: There is no documentation of X. The Official Disability Guidelines state X may be indicated for the treatment of myofascial pain syndrome when there is documentation X. In this case, peer review on X non-certified the request for X. The patient was status X. At times X still got a tingling sensation down X arm to fingers that occurred with increased activity and lifting. No physical examination was documented in the current X. In addition, the patient was status X. The patient's work status was

also unknown. There was also no indication of any ongoing active treatment with which the requested X. Currently, Dr. X has appealed the denial. However, X does not appear to have submitted any new information, including an updated or amended report nor an appeal report. A rationale for X appeal is not noted. Given this information, the prior reasons for X. The medical necessity of the current request remains unestablished. Should additional details become available that may have a bearing on this decision, the request can be resubmitted for further consideration. Therefore, my recommendation is to NON-CERTIFY the request for X.” Thoroughly reviewed provided records including peer reviews. Patient with multiple pain issues involving back and spine. Does have some X. Patient also has documented relief of pain and this was better explained in appeal letter. Per the cited ODG criteria from peer reviews, patient does meet criteria for requested X medically necessary and certified.

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

Thoroughly reviewed provided records including peer reviews. Patient with multiple pain issues involving back and spine. Does have some X. Patient also has documented relief of pain and this was better explained in appeal letter. Per the cited ODG criteria from peer reviews, patient does meet criteria for requested X is medically necessary and certified. Overturned

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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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**
- 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)