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***Notice of Independent Review Decision***  
***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 sustained an injury on X. X reported that the back of X. The diagnoses included chronic neck pain syndrome with persistent bilateral shoulder and upper arm radiculopathy associated with disc disruptions; cervical disc disruptions at X, and X with protrusions associated with chronic neck pain syndrome with persistent bilateral shoulder and upper arm radiculopathy associated with disc disruptions and work injury; and secondary myofascial pain syndrome with cervicogenic headache. X was seen by X, DO on X for pain evaluation and treatment. X complained of chronic persistent neck, right and left shoulder arm and hand pain associated with numbness, weakness, and tingling following a work injury. X rated X pain X associated with daily stiffness, numbness, and difficulty finding a comfortable position at night. X neck pain was worse with coughing, sneezing, and lifting. X admitted to sleep loss and mood irritability. X described X pain as constant into both shoulders. On examination, X appeared in moderate pain. X walked with an X. X neck was supple with decreased left and right rotation at X degrees and X degrees respectively. X was X with impulse pain into both shoulders. X had decreased flexion to X degrees with reproduction of neck pain and tenderness at X and X. X had mild decreased pinprick across both shoulders in the X. X was X. X were also noted with X. It was opined that X. On X, X presented for a follow-up of persistent neck, shoulder, and arm pain. X was upset X was not approved in a timely manner. X had X. X had been X. X continued to have pain radiating into X right greater than left arm associated with numbness, weakness, and tingling. X had X consistent with X. X had pain with flexion. X felt the X. X had tension

headaches on a more daily and frequent basis. X was X, due to X ongoing X. It was a X. It was noted that X would require appropriate monitoring. Dr. X could not watch X X as required by the X. It was for the safety procedure and their benefitted outcome with the higher results that they had received over the last X years plus because of the manner in which they conduct the procedure. X would require monitoring and appropriate minimal sedation, so X did not move in the X. They would gain access to the X. That was the standard of care they had applied for well over X years safely and effectively. As a result, they were going to have to resubmit. X had to spend extra time going over the denial by the X review, outsourced reviewer. The provider noted that the person who reviewed the case was quite unfamiliar with X. The provider noted that any further delays would lead to refractory and costly pain complaints with further deconditioning and more time off from work anticipated. With Dr. X continued X was recommended. An of the X on X showed X. Treatment to date included X. Per the review by X, MD on X, the request for X was non-certified. Rationale: "The history and documentation do not objectively support the request for a X. In this case, there are X. The ODG does not recommend X. The medical necessity of this request as submitted has not clearly been demonstrated. A clarification / modification was not obtained. The request for X is not medically necessary. "Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "Based on the documentation provided and per the guidelines, the requested X is not recommended at this time though the injured worker may benefit from the X. Without modification from the provider and this being a X case, it is not approved at this time. "Thoroughly reviewed provided records including peer reviews. All of provider's issues with peer reviews appear to be correct. The patient X. The reviewers also do not appear to have X, something that Dr. X pointed out. A peer review is ideally done by a qualified reviewer. Request for X is appropriate. In regards to requested X, provider identified that patient is X but this does not necessarily mean the patient

X. On the other hand, X does note that the patient has X is warranted. X is medically necessary and certified.

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

In regards to requested X, provider identified that patient is X. On the other hand, X does note that the patient has X is warranted. X is medically necessary and certified.

Overtured

**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