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Notice of Independent Review Decision
Amendment X
Amendment X

IRO REVIEWER REPORT

Date:X; Amendment 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 with date of injury X. X gave a longstanding history of good work for X. After repetitive lifting, pulling, and grasping, X noted swelling and pain in both wrists and hands while working on the "X". The assessment included X. X was seen by X, DO on X and X. On X, X was seen for a follow-up of neck, shoulder, arms, and hands. X was thankful for the progress made. X did have X in the neck and upper back area. Jump signs were elicited and X wanted to proceed with X. X affect was improved considerably including a combination of neuropathic pain medicine X. X took X at night and X took X support in the morning. X took X judiciously, three times per day with X , this kept X functionally active. X stated that the pain was down to X with this X and wanted to X. X had X. X had X for this area. Jump signs again were elicited in the neck, shoulder, and upper back area. On X, X presented for a follow-up. X was eagerly waiting to go ahead with X in X neck and upper back area. X had already responded favor to X, which was a X. Unfortunately, the peer doctor apparently did not do their due diligence. There was no evidence of X below the shoulder, arm, and hand. It was all focalized pain. X was a X. Jump signs were elicited once again at the time. That was a hallmark physical finding consistent with myofascial pain. In fact, when re-elicited X pain, X did not want to press X muscles anymore as they were taut tender bands. X had

been highly efficacious in this disorder as had exercise and behavioral and proper dietary support. Due to the persistent nature of X pain, X wanted to go ahead with X. X physical findings were consistent with previous evaluations; it was X. This was consistent with ODG guidelines and they would go ahead and submit for this as soon as possible. In the meantime, continued daily walking exercise and rehabilitative care was advised. An MRI of the right wrist dated X showed X. X was noted suggesting prior X. There was X. Treatment to date included X. Per a peer review dated X and utilization review adverse determination letter dated X, the request for X for the neck and upper back was denied by X, MD. Rationale: "According to guidelines, X are not recommended in the absence of X. When this treatment is indicated, studies have not effectively demonstrated that X for X offers an advantage over simple palpation techniques. The effectiveness of X remains uncertain, in part due to the difficulty of demonstrating the advantages of active medication over X. X alone may be responsible for some of the X. The only indication with some positive data is X. X are not recommended when there are radicular signs. Documentation in this case is poor in supporting distinct X are not medically necessary. "Per a peer review dated X and utilization review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "There is a lack of documentation on X. Hence, the Appeal request of X is non-certified. "On X, an appeal letter was included in the records and X was appealed. Thoroughly reviewed provided records including peer reviews. Patient had extensive prior conservative treatment, mostly related to issues with X.

However, provider also identifies separate more focal pain that they would like to treat with X. Per the cited ODG guidelines of the reviewers, patient does meet criteria for X is 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 had extensive prior conservative treatment, mostly related to issues with X. However, provider also identifies separate more focal pain that they would like to treat with X. Per the cited ODG guidelines of the reviewers, patient does meet criteria for 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**
- 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)