

## **Independent Review Organization (IRO) Notice of Decision Template WC**

IRO
Reviewer
Report X
IRO Case number:
X
Description of the services in dispute:
Description of the qualifications for each physician or healtleare provider who reviewed the decision
X.
Review outcome
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
Upheld (Agree)
☐ Overturned
(Disagree)
Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether **medical necessity exists** for **each** of the health care services in dispute.

## Information provided to the

IRO for review X

## **Patient clinical history**

X, date of birth X, is a X individual diagnosed with cervical sprain/strain and seeking coverage for X. X date of injury is X. The claimant was X. Per the summary of records in the X Peer Review Report, "The claimant reports left shoulder and left neck pain. Pain rated X to X. The claimant is unable to work. Feels dull, numb, constant, did not exist prior to the injury. The pain does radiate into X scapular area and gives headaches. It is intermittent. Made worse by activities of daily live. Physical exam on most recent report dated X: Musculoskeletal: Range of motion of the cervical spine is decreased by X. X has good bilateral hand grips. X has X noted on palpation. X is able to abduct X left upper extremity to X degrees place X left hand behind X head. X is unable to place X left hand behind X back. Treatment to date includes X. Diagnostic imaging reviewed: MRI of the cervical spine without contrast X: No acute traumatic pathology such as fracture, marrow edema or ligamentous injury. No suspicious bony lesion or vertebral body height loss.

Congenitally X: Moderate to severe X. Alignment: X. X. Cervical straightening. Minimal X. MRI left shoulder without contrast X: Mildmoderate X. X is seen. X."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

A prior request was non-certified noting that, "According to guidelines, X. In this claimant, however, the provided documentation does not support this request, as the claimant's neck pain is largely coming from the facet origin, but rather a cervical sprain. As such, the requested X is not medically necessary." The denial was upheld on appeal; however, this is an incomplete report, and the rationale is unknown. There is insufficient information to support a change in determination, and the previous

non-certifications are upheld. No clinical records were submitted for review. The above summary was gleaned from the prior review reports. There is no comprehensive assessment of treatment completed to date or the claimant's response thereto submitted for review. There is no current physical examination. There are no diagnostic studies submitted for review. Therefore, medical necessity is not established for X, in accordance with current evidence-based guidelines.

## Description and source of the screening criteria or other clinical basis used to make the decision

	ACOEM - American College of Occupation	al and
	☐Environmental Medicine Um Knowledgebase A	HRQ -
	Agency for Healthcare Research and Quality Guid	elines
	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 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)