

**Independent Review Organization (IRO) Notice
of Decision Template WC Physio Solutions LLC**

**7500 Brooktree Rd STE 300
Wexford, PA 15090
Phone/Fax: (855) 323-3654**

Notice of Independent Review Decision

IROReviewer

Report X

IRO Case number:

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)

Information provided to the IRO for review

X

Patient clinical history

This case involves a X with a history of an occupational claim on X. The mechanism of injury was identified as a fall injury. The current diagnoses are Strain of muscle, fascia and tendon at neck level, initial encounter and Strain of muscle, fascia and tendon of lower back, initial encounter. No comorbid conditions were identified. On X the claimant had a follow-up office visit with complaints of neck and lumbar pain rated X. Physical examination showed X. MRI revealed X. While MRI of the cervical spine demonstrated X. This review pertains to the requests for X.

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

The claimant is a X. The initial request was non-certified noting that, "The Official Disability Guidelines recommend X. The claimant was complaining of X. Objective findings include X. The claimant had tried medications and physical therapy with no improvements. However, the imaging demonstrated X. As such, the medical necessity has not been established for X." The denial was upheld on appeal noting that, "The patient was diagnosed with a strain of muscle, fascia, and tendon at neck level, initial encounter, the strain of muscle, fascia, and tendon of the lower back, initial encounter. Imaging does not verify facet pathology. On the contrary, the imaging verification indicates impingement and narrowing of the central canal and neural foramina which are contraindications to X. The request is denied. As such, the requested X is non-authorized." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted physical examination X. There is no documentation of X. There is no documentation of X. Also, guidelines note that X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the denial for X is upheld.

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

ACOEM - American College of Occupational and Environmental

Medicine Um Knowledgebase AHRQ - Agency for Healthcare

Research and 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 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)