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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 who was injured on X. X was working for X. Another X. The diagnosis was chronic neck pain syndrome consistent with right cervical radiculopathy, could not rule out intervertebral disc disorder following severe whiplash injury; post concussion head syndrome with persistent myofascial pain and cervicogenic headache associated with chronic neck pain syndrome consistent with right cervical radiculopathy could not rule out intervertebral disc disorder following severe whiplash injury; myofascial pain syndrome of the thoracic, lumbar spine associated with work injury; could not rule out lumbar radiculopathy with intervertebral lumbar disc disorder; and mild reactive depression, insomnia, in chronic pain state. Per the initial pain evaluation on X by X, DO, X was seen for the chief complaint of chronic persistent severe neck, right shoulder, arm, and hand pain as well as back, buttock, and right leg pain associated with numbness, tingling, occasional dizziness, nausea and vomiting following a severe work injury on X. After the injury, X developed a neck, shoulder and back pain, later developing dizziness, eye blurriness and went to the emergency room for nausea, vomiting and was given the diagnosis of post concussion head syndrome. Due to the persistent nature of X neck and low back pain, X was referred for X. X had tried X. X pain was worse in X neck at X. X had been scheduled for MRIs of both the cervical and lumbar spine, which, based on X history and physical findings at the time, Dr. X was supportive of. X describes X ongoing neck pain as sharp and shooting, with numbness noted in the middle two fingers. X back pain was also sharp into X right buttock down X right lateral leg below the level of the knee. Valsalva maneuvers were markedly provoking. X PMP was checked to be X. CESD was X. X ORT or risk for opioid misuse was X. X GAD-WAS X. X. X admitted to sleep loss, mood irritability, and limp and gait. X pain could also be X with emotional lability noted. Aggravating factors were coughing, driving,

lifting, sitting, and bending. Examination noted X to be in moderate distress and to walk with an antalgic limp and gait. Spurling testing was X. X had decreased grip strength on the right compared to the left. Pinprick sensation was X. X were noted. Straight leg raising was positive on the right at X degrees, contralateral straight leg X degrees on the left. X had right sciatic notch tenderness and tenderness across the axial lumbar spine. Facet tenderness was noted bilaterally right greater than left with side bending and extension. The assessment was chronic neck pain syndrome consistent with right cervical radiculopathy, could not rule out intervertebral disc disorder following severe whiplash injury; post concussion head syndrome with persistent myofascial pain and cervicogenic headache associated with chronic neck pain syndrome consistent with right cervical radiculopathy could not rule out intervertebral disc disorder following severe whiplash injury; myofascial pain syndrome of the thoracic, lumbar spine associated with work injury; could not rule out lumbar radiculopathy with intervertebral lumbar disc disorder; and mild reactive depression, insomnia, in chronic pain state. Dr. X noted that X showed signs of mechanical back pain syndrome of the lumbar spine as well as radiculopathy most notably in the neck and right lower extremity as well. Cervical treatments including X. Due to X persistent nature and worsening of this pain with emotional lability, Dr. X would recommend institution of X. X was asked to try a naturopathic approach to improving X sleep. However, X. In the meantime, X may continue with X or X per Dr. X. Physical therapy modalities were of course encouraged and a follow-up appointment after diagnostic testing had been obtained, would be made. On X, Dr. X saw X in follow-up. X complaints had failed surgical, rehabilitative medical treatment options. Dr. X documented, "We have safely and effectively for over X years provided cervical treatment in the form of X to help resolve the patient's pain pathology without incident. Minor complications include headache, temporary numbness, tingling, initially worse pain before good pain are all certainly possible, but that is not a reason to proceed. This is certainly

a conservative route as far as X morbidity or even potentially mortality that a cervical spinal open surgical procedure could portend. This is considered conservative care. Furthermore, we do at the X. I use a soft X. We will directly get the drug to this level as X has a herniated disk at this level. X neck pain has worse with coughing, sneezing, lifting. It is effecting X daily quality of life. I would argue to doctors initial denial of this treatment is only worsening the patient's outcome from this procedure, further disability could be anticipated. Further anxiety, depression, lost hours, lost quality of life, the doctors did not cite any of those as a reason to proceed, X decided X own prejudice and bias and stating a level that we are not asking for. Doctors were not asking for X. As a result, X wants to proceed with this. X won't be here X states if X pain and decreased neck range of motion, numbness in X left arm and hand having persisted. X does not want a X. We went ahead and went over these options with X. We spend extra time going over the peer review denial in addition to the standardized office visit. X affect has become somewhat problematic as X is citing sleep, drowsiness and weight gain. We will continue with the X. X knows X has to be off X. Due to the increased anxiety, stressors, we are going to recommend appropriate monitoring with minimal sedation in the prone position to provide a still safe surgical field which reduces morbidity. X PMP was satisfactory. Online psych assessment shows mild reactive depression. Once again X had marked mid cervical interspinous tenderness. "An MRI of the cervical spine dated X, identified straightening of the expected degree of cervical lordotic curvature, most likely due to muscular spasm, strain and / or pain. discogenic changes were present with bulges and protrusions at X. Findings were most pronounced at X. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, DO, the request for X was denied. Rationale: "This is non-authorized. The request of X is not medically necessary. According to a cervical spine MRI study on X, there was documentation of a X. According to an office note by Dr. X on X, there was documentation of

the injured worker having chronic neck. pain with mention of the pain worse with coughing and sneezing consistent with disc disruption. Physical exam revealed neck pain with decreased range of motion left greater than right, pain with flexion, numbness in the X. There were no specific diagnoses listed. The treatment plan included X. However, there was no documentation of any specific nerve root impingement occurring in the cervical spine region to correlate with the physical exam findings in establishing a positive objective cervical radiculopathy pattern occurring at a particular cervical spinal level. Also, according to the guidelines, X is not recommended as spinal injury is more likely when X. There was also no documentation detailing what previous treatment has been done for the neck/cervical spine region since the work injury including outcomes. Therefore, given these circumstances and the guidelines, there is no support for the requested X, and this request is non-certified. "Per a reconsideration review adverse determination letter dated X, the appeal request for X was noncertified by X, MD. Rationale: "The planned X does not inherently require monitored anesthesia care for sedation. The records provided indicate that the X is requested to be performed under monitored anesthesia care. Although there is documented evidence supporting the use of sedation, there is no specific indication for monitored anesthesia care documented in the records. Modification of the request requires agreement reached in a peer conversation as per Texas rules. As no such conversation took place despite attempts, the request cannot be modified. Therefore, the Appeal request of X is non-certified. "The requested X is a not medically necessary. The use of X is not supported by the guidelines. No rationale has been provided for the need of sedation. The MRI report does not demonstrate any significant nerve root impingement which would correlate with the examination findings. As such, no new information has been provided which would warrant the requested X is not medically necessary and non certified

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

The requested X is a not medically necessary. The X is not supported by the guidelines. No rationale has been provided for the need X. The MRI report does not demonstrate any significant nerve root impingement which would correlate with the examination findings. As such, no new information has been provided which would warrant the requested injection. X is not medically necessary and non certified

Upheld

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