

IRO Certificate No: X

**Notice of Workers' Compensation Independent Review Decision**  
X

**This document contains important information that you should retain for your records.**

**Coverage Type:**

- Workers' Compensation Health Care Network
- Workers' Compensation (non-network) if applicable, decision must include specific basis for divergence from TDI/DWC policies or guidelines

**Type of Review:**

- Preauthorization Review
- Concurrent Review
- Retrospective Review

**Prevailing party (if applicable)**

- Requestor
- Carrier

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X.

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a X-year-old (DOB: X) male with a request for X. The claimant had an injury on X where X was getting a X. X stated that the tree was close to X.

It was noted that the claimant attended X on X-X for the diagnosis of Sprain of the ligaments of the cervical spine. During the re-evaluation on X, the claimant stated that overall the symptoms remained the same, range of motion, radiating pain, and the numbness and tingling remained the same.

MRI of the cervical spine on X was done for the complaints of neck pain and stiffness. The imaging demonstrated X.

On X, X was noted at X. The claimant had a X on

X.

On X, the claimant reported no significant changes of the neck pain. During the visit, X underwent a X.

During the visit on X, the claimant complained of neck pain, X can stand and sit for more than X minutes. X has aching pain and soreness in the back of the neck. X reported that the X improved the pain greater than X and had about X days of complete relief.

On X, no significant changes were reported.

Per the Peer Review Report, the requested X was not recommended due to the claimant having only X.

The request for X was previously denied on X.

A Peer Review Report was conducted on X for the request for the X. After review, the denial was upheld.

A peer-to-peer was attempted on X and X, however, unable to spoke to the provider. A voicemail was left and the determination, disclaimer, and appeal process was provided.

A denial letter was issued on X for the request for X.

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

According to the Official Disability Guidelines, X

Upon review of all the information provided, the claimant had an injury on X where X was getting a X. X stated that the X. MRI of the cervical spine on X was done for the complaints of neck pain and stiffness. The imaging demonstrated X., Cervical disc degeneration

resulted in X and X. Although, the claimant attended X from X-X, re-evaluation on X, the claimant stated that overall the symptoms remained the same, range of motion, radiating pain, and the numbness and tingling remained the same. Treatment tried includes X. X had a X with greater than X relief that provided complete relief for X days. The guidelines recommended a minimum of X. As such, the denial of X is not medically necessary. The prior determination is upheld.

#### **SOURCE OF REVIEW CRITERIA:**

- 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
- 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)

#### **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)