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***Notice of Independent Review Decision
Amendment X***

IRO REVIEWER REPORT

Date: 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 who was injured on X. X was injured at work by an X. The bag just went off, injuring X. X was injured when the X. Since that time, X continued to have discomfort in the cervical / scapular region. The diagnosis was sprain of joints and ligaments of other parts of neck.

X was seen by X, MD on X for complaints of neck pain. X was able to stand and sit for more than X minutes. X was able to walk for less than X minutes. The pain was rated X at the time. It was rated X at its worst and X at its best. The pain was described as soreness and aching. The X helped the pain. The X was again denied. On examination, there were no significant changes in the physical examination since the prior visit.

X consulted Dr. X on X for complaints of neck pain. X was able to stand and sit for more than X minutes. X was able to walk for less than X minutes. The pain was rated X at the time. It was rated X at its worst and X at its best. The pain was described as soreness and aching. The X helped the pain. On examination, there were no significant changes in the physical examination since the prior visit.

X visited Dr. X on X for follow-up of neck pain. X was able to stand and sit for more than X minutes. X was able to walk less than X minutes. The pain was rated X at the time. It was rated X at its worst and X at its best. The X helped the pain. Improvement in overall pain was greater than X. After the X, X was able to stand longer, sit longer, walk longer and sleep better. There was decrease in pain medicine, less stress and side effects were not noted. On examination, the range of motion of the neck was normal. X was to follow-up at the clinic as needed. X communicated a willingness for anesthesia during the procedure. X had a degree

X

of anxiety about needles. X understood that it was important to minimize sudden movement during the procedure. X was willing to proceed the proposed procedure for the purpose of improving the function and decreasing the pain.

X had a follow-up with Dr. X on X for neck pain, which did not radiate. Examination of the neck revealed decreased flexion, decreased extension, and decreased looking to the right and left. There was facet tenderness in the X.

An x-ray of the cervical spine dated X showed no acute abnormality. There was X. An MRI of the cervical spine dated X demonstrated multilevel moderate to severe X. There was X. There was X. X was noted. At X. There was X. An EMG / NCV study of the upper extremities dated X was X.

Treatment to date included X.

Per a utilization review adverse determination letter and peer review report dated X by X, MD, the request for X was noncertified. Rationale for denial of X was as follows: "Per ODG criteria, "Unambiguous diagnosis of X." Per ODG regarding X," X should not be used as a "X" during the procedure ... Intravenous sedation may be grounds to X." In this case, X were administered with monitored anesthesia care. There is no record of what medications were administered by the anesthetist. There is no record of extreme anxiety. It can not be confirmed that X were administered, or that sedation was not excessive, or if X was appropriate at all. X is recommended only when X. Therefore, the request for X is not medically necessary." Rationale for denial of X was as follows: Per ODG criteria, "Unambiguous diagnosis of." Per ODG regarding X," X should not be used as a "X" during the procedure ... X may be grounds to X." In this case, X were administered with monitored anesthesia care. There is no record of what medications were administered by the anesthetist. There is no record of extreme anxiety. It cannot be confirmed that X. X is recommended only when X are both positive and valid. Therefore, the request X is not medically necessary."

Per a reconsideration review adverse determination letter dated X and peer

review dated X by X, DO, X was non-certified. Rationale for denial of X was as follows: "Request is for an appeal regarding noncertification of X. The reviewer at that time documented that there is no record of what medications were administered by the anesthetist. There is no record of extreme anxiety. It cannot be confirmed that no opioids were administered, or that sedation was not excessive, or if sedation was appropriate at all. X is recommended only when X are both positive and valid. No updated notes were submitted for review. Progress note on X documented that the claimant presented with persistent complaints of pain throughout the neck, the previous X were very beneficial, at worst pain was rated X pain at this time was X, and improvement was noticeable by X. Detailed objective examination noted that neck range of motion was normal. Reviewed cervical spine MRI on X which documented: X. There was mild X: "X is recommended as indicated below for carefully selected patients with proven X. Conflicting evidence, primarily observational, has challenged procedural efficacy, which is not without complication risks. Not recommended for treatment of thoracic facet syndrome or cervicogenic headaches. Criteria for X: Clinical presentation should be consistent with "X" referenced above and meet all criteria for diagnostic (X. (1) X. (2) X. (3) X. (4) X. (5) X. (6) X. (7) X. In this case, review of the claimant's medical records indicates that although the claimant did have X noticeable improvement in pain with the X. Therefore, non-certify Appeal Request: X and Appeal Request: X."

Thoroughly reviewed provided records including provider notes, imaging results, and peer reviews.

Patient had some success from X - but it is unclear if this is from X. It is unclear what was X. Thus, it is unclear if X were successful to warrant X. X. This is an appeal to review X between X and X and X. This is an appeal to review 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:

Thoroughly reviewed provided records including provider notes, imaging results,

X

and peer reviews.

Patient had some success from X. It is unclear what was X. Thus, it is unclear if X. X. This is an appeal to review 1X. This is an appeal to review 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:

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE