

## Notice of Independent Review Decision

**X:**

**IRO Case number:** X

### Description of the services in dispute

X

### Description of the qualifications for each physician or 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:

- 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

The claimant is a X diagnosed with unspecified sprain of left shoulder joint (X), other cervical disc displacement, unspecified cervical region (X), and other intervertebral disc displacement, lumbar region (X). This review is to determine the medical necessity X.

According to the Patient Note by Workers' Clinic, Inc date unknown, the claimant injured X neck at work while trying to X on X. X felt radiating pain from X neck. The claimant was reported to have been taking X, X, X, X, X, and X. It is documented that X is moderately limited in X range of motion, strength, and muscle endurance. X now lives a sedentary lifestyle. X displays a high-risk factor for exacerbation of X injury and is unable to return to work full time. During this visit, X had reported X lowest pain level to be rated at a X and X highest at an X. X Oswerty Disability Index Score was X (moderate disability/conservative). X Fear Avoidance Belief Questionnaire (FABQ) scores were X on the physical scale and X on the work scale. Further testing revealed a GAD7 score of X and a PHQ9 score of X.

Denial Letter by X dated X stated that, "X.'... In this case, the claimant is X post injury. Upon discussion, the provider states that the claimant has tried X, and returned to work, but was unable due to pain. The claimant was given medications by the pain management doctor but still persists with difficulty going back to work. The provider reports that MRI revealed a X was denied. The claimant has become weaker and has fear avoidance which would be better addressed with physical activity. The provider states that

the claimant wants to return to work so the program is to help build strength and reduce the pain and fear avoidance. Review of records indicates that the claimant has mild depression. Although psychological deficits are noted upon examination there is no indication that unimodal psychological intervention has been attempted to address these issues and failed. The claimant has only received X. There is no indication that the claimant has failed all lower level of treatment. As such, there is no evidence that other appropriate medical and/or invasive care has been attempted and proved to be inadequate to restore functional status. Therefore, the requested treatment is not medically necessary. Recommendation is to deny the request."

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

The claimant is a X diagnosed with unspecified sprain of left shoulder joint (X), other cervical disc displacement, unspecified cervical region (X), and other intervertebral disc displacement, lumbar region (X). This review is to determine the medical necessity of X.

Per the ODG guideline from X, a X is medically necessary when a chronic (greater than 6-months) pain condition can be confirmed by objective evidence, which was provided by the MRIs of the cervical and lumbar spine from X. Also, there is medical documentation of fear avoidance to physical activity, a psychosocial condition contributing to functional deficit, and failure to return to pre-injury functional level. These criteria are recognized in the

Patient Note by Worker's Clinic, Inc SA dated X. These findings were also confirmed in the medical documentation; therefore, the request for X is medically necessary and the decision is overturned. This means that the claimant will be covered by X insurance plan for the requested X.

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
- 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)

ODG - Official Disability Guidelines & Treatment Guidelines