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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 while X was X. A X caused X. There was no loss of consciousness. The diagnoses were chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury; extruded herniated disc at X associated with chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury as well as a second herniated disc at X associated with chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury; and cervicogenic headaches associated with chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury as well as a second herniated disc at X associated with chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury; and persistent myofascial pain syndrome of the cervical, midthoracic, lumbar regions with lumbar mechanical back pain syndrome (lumbar facet syndrome) associated with work injury.

X presented to X, DO on X to review MRI report to discuss continued treatment recommendations. Neck pain improved to X at sedentary activity level with radiation to the left upper extremity. Lower left back pain continued and worsened with activity.

Examination noted lumbar / trunk range of motion with flexion X, extension X. There was tenderness of the X. functional deficits included lifting, bending, stairs, prolonged standing / walking. Straight leg raise was X. Cross leg lift was X. FABER was X. There was X. Gait was X. There was guarding of X. Cervical range of motion showed right rotation X, left rotation X, and extension X. There was tenderness of X. Strength was X in the left upper extremity generally. Functional deficits included lifting, overhead tasks, keyboarding / reading, and driving. Maximum foraminal compression test was X. Deep tendon reflexes were X. The cervical spine MRI dated X was reviewed. Cervical spine x-rays dated X revealed X. Decreased X was seen. Review of the FCE dated X for current return to work capabilities showed X was not at physical demand level (PDL). The assessment was lumbar radiculopathy, cervical radiculitis, lumbar sprain, low back strain, neck sprain, strain of neck muscle, and contusion of left elbow. X was not at MMI. Work status was light duty. X was referred to pain management and provided a home exercise program. On X, X was seen in evaluation by X, DO for the chief complaint of chronic persistent neck, left shoulder, arm and hand pain associated with numbness, weakness, tingling as well as headaches and sleep loss all following a work injury on X while X was X. A X caused X. There was X. however, X did note pain radiating down X left arm, which persisted. Since that time, X had persistent neck and also some low back pain. Neck pain was rated X and low back pain was X. X admitted to decreased neck range of motion and decreased grip strength, right and left. X felt X whole arm was numb at one time. X admitted to sleep loss, headaches, and mood irritability. A pain-

related stress inventory showed good pain coping mechanisms. X answered X on X CESD. X ORT or risk for opioid misuse was minimal. X was X. X spot urinalysis was X. X PMP was not found. X described the pain as sharp, shooting into X left neck, hands in the thumb and into the pinky. X had persistent pain despite appropriate convt care including physical therapy, rehabilitative care necessitated an MRI which showed X. The pain was worse with coughing, sneezing, and lifting. Examination noted moderate distress. Neuromusculoskeletal examination revealed X. X had muscle tightness at the X. X had decreased X. X had a slightly decreased X. Flexion of the cervical spine at X degrees reproduced X neck pain with X. Trigger points were noted in the X. Extension at X degrees reproduced X axial back pain. In fact, X did have facet tenderness on the left as well at X. Straight leg raising was X degrees bilaterally with hamstring tightness noted. The diagnoses were chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury; extruded herniated disc at X associated with chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury as well as a second herniated disc at X associated with chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury; and cervicogenic headaches associated with chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury as well as a second herniated disc at X associated with chronic neck pain syndrome with persistent severe left cervical radiculitis and radiculopathy following a work injury; and persistent myofascial pain syndrome of the cervical, midthoracic, lumbar regions with

lumbar mechanical back pain syndrome (lumbar facet syndrome) associated with work injury. Dr. X recommended X due to X multiple levels of disc disease. X recommended a X. Based on response to this care, further similar treatment would be advised. Initial medical management would include discontinuation of all X. Dr. X noted that once adequate treatment of the cervical area was achieved, similar treatment including facet treatment in the lumbar spine may also be offered. In the meantime, X was to avoid heavy lifting and bending, and continue physical therapy / rehabilitative therapy. due to ASA III status, fear and anxiety, multiple medical conditions, X would require X. X was seen in follow-up by Dr. X on X for continued care regarding X severe neck, left shoulder, arm, and hand pain associated with numbness, weakness and tingling, moderate midcervical interspinous tenderness corroborated with X MRI showing X. Dr. X noted, "The patient apparently went for a peer review by a doctor unfamiliar with the Texas State Labor Code which specifically states patients are due treatment which ameliorates or relieves the natural compensable disease state. Furthermore, the ODG guidelines does support evidence based medicine, based on the patient's failure which the doctor did not do their due diligence to respond to physical therapy, rehabilitative, conventional medical management, X was referred here for interventional pain care in lieu of the opioid epidemic. The Texas Medical Board supports intervention in lieu of the opioid epidemic. This patient has exhausted all prior treatments. X does not want conventional surgery, diskectomy, hardwares, fusions, increased morbidity, potential mortality and increased healthcare cost. X wants a time proven efficacious treatment for multiple levels of disk

disruption with radiculitis which X again presenting with here today. Unfortunately, with X peer review, the patient had to come back into our office today. X is raising healthcare cost. Further pain leads to further disability, dysfunction and further healthcare cost. The patient will require rehabilitative measures. Once adequate pain control has been achieved, the reduction of inflammation through X in my X years experience as a board certified fellowship pain specialist yields excellent results. I would give X a X or more chance of recovery with this modality in an efficacious manner. As a result of this denial, we are going to have to refill X oral medicines which include neuropathic as well as antidepressant support. Continued physical therapy and rehabilitative care was advised. We are going to resubmit for another review of this case. I have answered the doctor's criticisms with apparently the due diligence of reviewing the patient's history, failure to respond to formal treatment, take into consideration that X is morbidly obese, working on weight loss. X is on X. This is the standard of the care in the local, national and world communities for interventional pain and the subsequent comorbidities attached to this individual. In the meantime, the patient's PMP was satisfactory. X online psych assessment shows X. X showed quite of bit of frustration and anger that this this was not approved in a timely manner.”

An MRI of the cervical spine dated X identified a X. X had X central stenosis at X. A central X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “X. Per official

disability guidelines, recommended as an option; may be a first-line or second-line option. X is NOT recommended for any of the following: X performed at X. X. In this case, the claimant was seen for chronic persistent neck pain, left shoulder, arm, and hand pain associated with numbness, weakness, tingling as well as headaches and sleep loss all following work-related injury. On musculoskeletal examination, there was impulse pain with a positive Spurling testing on the left. X had muscle tightness at the trapezius on the left with decreased grip strength on the left as well. There was a decreased pinprick in the X. Strength was X on left bicep as compared on the X on the right Flexion of cervical spine at X degrees reproducing the neck pain with interspinous tenderness at X. Trigger points in the X were noted. Examination at X degrees reproduced X axial back pain. Documentation does not show details of X. Additionally, the request is not supported by guidelines. As such, the request for X, is not medically necessary.”

Per a reconsideration review adverse determination letter dated X, X, MD, recommended that the prospective request for 1 appeal for X be noncertified. Rationale: “In this case, there is radicular neck pain with a X. Prior treatment included X. X itself is appropriate. However, the X is planned with X. ODG guidelines do not recommend X. Therefore, the request for Appeal for X is not medically necessary.”

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

Patient with continued radiating neck pain in radicular distribution despite conservative treatment. Given corresponding MRI findings, request for X is warranted. However, unlike what Dr. X documents, use of X is not standard of care for X. Further, there are no extenuating circumstances noted to warrant use of X. X is medically necessary and certified, with 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 and peer reviews.

Patient with continued radiating neck pain in radicular distribution despite conservative treatment. Given corresponding MRI findings, request for X is warranted. However, unlike what Dr. X documents, use of X is not standard of care for X. Further, there are no extenuating circumstances noted to warrant use of X. X is medically necessary and certified, with X is not medically necessary and non-certified

Partially Overturned

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