True Decisions Inc.

Notice of Independent Review Decision

True Decisions Inc.

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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 is a X who was injured at work on X. X alleged work related injury sustained while working for X on X. X was working with restrictions, pulling down woods on a piece of machinery and injured X neck. The diagnoses were radiculopathy in the cervical region and strain of the neck muscles, fascia, and tendons during an initial encounter.

On X, X was evaluated by X, MD, for initial pain management evaluation. X alleged work related injury sustained while working for X on X. X was working with restrictions, pulling down woods on a piece of machinery and injured X neck. On the day, X was complaining of neck and left shoulder pain. X had been complaining of neck and shoulder radiating pain down X left arm, rated at 7/10. X was unable to work, doing light duty at this time. The pain was sharp, burning, throbbing, pins and needles, numb and tingling in nature. It was intermittent, made worsened by sitting and standing for long periods of time. Sitting and recline made it better. X had received multiple sessions of therapy without any improvement. Horne exercises had not really helped. MRI showed multiple levels of bulging discs with facet arthropathy, especially C6-C7 and C7-T1 level. There was spinal cord contact per MRI. X did not wish to get a surgical evaluation at this time. Regarding activities of daily living, standing was uncomfortable and sitting for long periods of time was uncomfortable. On examination, blood pressure was 113/77 mmHg, weight 192 pounds and body mass index (BMI) was 25 kg/m2. X was in no acute distress. Musculoskeletal examination revealed range of motion of the cervical spine was decreased to 15% to 20% in all ranges,

worsen on the left, during flexion, extension, and rotation. Motor strength was 5/5. Sensation was grossly intact. There were paravertebral spasms at C6-C7, C7-T1, C2-C3, C3-C4, and C4-C5 on the left side. The right side was normal. There were paravertebral spasms in the trapezius muscle into the scapular area as well as the bicipital and tricipital areas. On assessment, X did not wish to have a surgical evaluation at this time Due to lack of improvement with conservative treatment, X would benefit from X. Left C6-C7 and C7-T1 X as X was quite anxious were recommended. Activity restrictions included pushing-pulling, lifting and carrying not more than 10 pounds.

On X, X was evaluated by Dr. X for follow-up pain management evaluation regarding neck pain. X felt about the same; and had burning, sharp and throbbing pain. X rated pain 7/10. X was working about 20% to 50% of X job. X was working with light duty. X had constant pain, made worse by sitting in the car, and made better by stretching. No new symptoms were noted since the prior visit. X was following the treatment plan, but the treatment plan was not helping. X was denied X. X was taking X and muscle relaxant X. X had received multiple sessions of therapy without any improvement. Home exercises had not helped. On examination, X was in no acute distress. Musculoskeletal examination revealed decreased range of motion of the cervical spine by 30% to 40% in all planes of flexion, extension, and rotation. There was paravertebral spasm on the left side at C6-C7, C7-T1, C2 through C6 all the way bilaterally. Cervical spine was negative. Motor strength was 5/5. Sensory was grossly intact. An appeal for the denial of X was recommended.

An MRI of cervical spine dated X revealed broad-based disc bulges at C5-C6 and C6-C7 resulting in severe bilateral neural foraminal stenoses left greater than right, with central canal stenoses to approximately 7mm, and mild cord compression without significant intramedullary cord edema. There were broad-based disc bulges at C3-C4 and C4-C5 with mild bilateral neural foraminal stenoses. At C2-C3 level, there was unremarkable appearance of the disc. At C3-C4 level, there was small central broad based disc bulge measuring 2 mm an anteroposterior dimension resulting in indentation upon the ventral aspect of the thecal sac, with uncovertebral joint and facet hypertrophy resulting in mild bilateral neural foraminal stenosis without significant central canal stenosis. At C4-C5 level, there was small central broad based disc bulge measuring 2 mm an anteroposterior dimension resulting in indentation upon the ventral aspect of the thecal sac, with uncovertebral joint and facet hypertrophy resulting in mild bilateral neural foraminal stenosis without significant central canal stenosis. At C5-C6, there was central broad based disc bulge measuring 3 mm in AP dimension resulting in indentation upon the ventral aspect of the thecal sac, with uncovertebral joint and facet hypertrophy resulting in severe bilateral neural foraminal stenosis, left greater than right with central canal stenosis to approximately 7 mm and mild cord compression without significant intramedullary cord edema. At C6-C7 level, there was left paracentral broad based disc measuring 3 mm in AP dimension resulting in indentation upon the ventral aspect of the thecal sac, with uncovertebral joint and facet hypertrophy resulting in severe bilateral neural foraminal stenosis, left greater than right with central canal stenosis to approximately 7 mm and mild cord compression without significant intramedullary cord edema. At C7-T1 level, there was unremarkable appearance of the disc.

Treatment to date included X.

Per a utilization review adverse determination letter / peer review dated X by Xan, MD, the request for X was denied. Rationale: “Regarding X, ODG states that diagnostic facet joint injection/medial branch block (MBB) may be indicated when X. In this case, the documentation indicates that the claimant complains of neck and shoulder radiating pain down the left arm with numbness and tingling. Reviewed imaging reveals severe bilateral neural foraminal stenosis with central canal stenosis at X. There is no evidence of positive facet loading test and absence of evidence for facetogenic pain. Therefore, the medical necessity of the request for X is not established. Recommendation to the request is deny.”

On X, Dr. X had made an appeal letter regarding denial of X.

Per a reconsideration review adverse determination letter / peer review dated X by X, MD, the request for X was denied. Rationale: “The Appeal request for X is not recommended as medically necessary. The claimant was pulling down on a piece of machinery and injured X neck The submitted physical examination fails to establish the presence of facet-mediated pain. There is no documentation of tenderness to palpation over the cervical facets on the left side. There is no documentation of

increased pain with cervical extension and/or rotation. Therefore, medical necessity is not established in accordance with current evidence-based guidelines."

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

Patient with continued pain issues which may be facetogenic in nature based on presentation. Despite conservative management the pain has continued and there are MRI findings which may explain the source of pain. Request for X is consistent with ODG Criteria. Provocative maneuvers are not necessary to be found. X is medically necessary and 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 pain issues which may be facetogenic in nature based on presentation. Despite conservative management the pain has continued and there are MRI findings which may explain the source of pain. Request for X with ODG Criteria. Provocative maneuvers are not necessary to be found. X is medically necessary and certified.

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