

I-Resolutions Inc.

Notice of Independent Review Decision

I-Resolutions Inc.

An Independent Review Organization

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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:

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- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)
- Upheld (Agree)

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 [SUMMARY]: X who was injured on X. X sustained an injury when a X. The assessment included sprain of ligament of the cervical spine. X was seen by X, MD from X through X. X, X was seen for neck pain. On examination of the cervical spine, range of motion was decreased with flexion and extension. There was facet tenderness on the right at X. A X was given. X had a degree of anxiety about needles. Per American Society of Anesthesiologists guidelines, X was a candidate for Monitored anesthetic care (MAC). The assessment included sprain of ligament of the cervical spine. On X, X presented for a follow-up of neck pain. X was able to stand, sit, and walk for less than X minutes. The pain was rated at X in the lower back. Pain level at best was X and worst was X. Examination remained

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unchanged. An appeal was made for denial of X. On X, X was seen for neck pain. X was able to stand, sit, and walk for less than X minutes. The pain was rated at X at the time. The pain felt like soreness and aching. The symptoms were better by rest. Physical examination remained unchanged. Dr. X raised an appeal to IRO. Per an office visit dated X by X, MD, an MRI of the cervical spine dated X showed a X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the prospective request for X is denied by X, MD. Rationale: "The Official Disability Guidelines (ODG) recommend X. The ODG recommends repeat X. The request for treatment is not indicated. Per the X progress report by X, MD, the claimant had ongoing neck pain and decreased range of motion despite previous treatment including X. A request for X was certified in X on X. It was unclear when this procedure was performed, however, no subsequent clinical documentation indicated any improvement from this procedure. The Official Disability Guidelines (ODG) recommend X. The ODG recommends. There is no clear documentation of improvement from the X. Therefore, the prospective request for is non-certified. "Per a reconsideration / utilization review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "The Official Disability Guidelines recommend X. Prior to neurotomy, there should be a positive response of X+ improvement to X series of fluoroscopically guided diagnostic facet blocks. Repeat blocks require at least X improvement over X months. A search of the Official Disability Guidelines failed to provide any

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recommendations regarding anesthesia or procedural sedation. Therefore, alternative guidelines have been consulted. Monitored anesthetic care (MAC) involves continuous monitoring of the patient's vital functions by an anesthesia provider and may be considered for procedures that may require the injured worker to be able to lie motionless, cooperate, and communicate throughout the procedure. The prior determination was appropriate and will be upheld. As the prior reviewer noted, the claimant had a history of X. Generally, X are only supported as a diagnostic prerequisite to neurotomy. As they had already been performed with a positive result, there is no notable indication of repetition of the X and the requesting provider has failed to provide any written basis for appeal nor any indication as to the clinical rationale for repeat diagnostic procedures. The request for X is non-certified. "Thoroughly reviewed provided records including provider notes and peer reviews. Documentation provided from physician's office notes successful prior dorsal rhizotomy which was successful. The pain has since returned. Typical nerve regrowth can occur around X year, and it has been X. Thus, X is warranted based on concerns/guidelines that the reviewers cited. However, MAC is not standard for X and thus is not necessary. X is not medically necessary and non-certified between X and X.

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

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Thoroughly reviewed provided records including provider notes and peer reviews. Documentation provided from physician's office notes successful prior dorsal rhizotomy which was successful. Pain has since returned. Typical nerve regrowth can occur around X year, and it has X. Thus, X is warranted based on concerns/guidelines that the reviewers cited. However, MAC is not standard for X and thus is not necessary. X is not medically necessary and non-certified between X and X

Partially Overturned

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- 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
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

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- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)