

C-IRO Inc.

Notice of Independent Review Decision

C-IRO Inc.

An Independent Review Organization

3616 Far West Blvd Ste 117-501 CI

Austin, TX 78731

Phone: (512) 772-4390

Fax: (512) 387-2647

Email: @ciro-site.com

Notice of Independent Review Decision

Amended X

IRO REVIEWER REPORT

Date: X; Amended 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)

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 is a X who was injured on X. X reported that a soccer goal fell onto X head and X lost consciousness. The diagnoses included post-concussion syndrome, chronic intractable migraine without aura post traumatic, cervical spondylosis, concussion with less than 1-hour loss of consciousness, bilateral dysfunction of vestibular systems, pain in cervical spine, depressive disorder, muscle spasm of cervical muscle of neck, chronic daily headache, binocular vision disorder, mixed anxiety and depressive disorder, and attention deficit hyperactivity disorder, predominantly inattentive type.

X was seen by X, MD on X for a follow-up of concussion with brief loss of consciousness on X with post-concussion syndrome associated with binocular vision disorder and vestibular dysfunction. X stated that X continued to have about the same as from X previous appointment. X noticed that whenever X had increased stress, X mood worsened. X also

C-IRO Inc.

Notice of Independent Review Decision

noticed that X mood was worse toward the end of the week. X had chronic headaches which X felt may be more occipital migraines versus cervicogenic headaches. X took X for headaches. X wore X glasses at school. X could not wear the glasses with driving. Neck examination showed moderate bilateral paraspinal tenderness. Spurling's test was positive for neck pain bilaterally. Sensation to soft touch to bilateral upper extremities was normal. Cranial nerves II-XII were grossly intact other than did decreased hearing bilaterally. There was mildly Impaired tandem balance with eyes closed and mildly impaired tandem balance with distraction. Memory and cognition appeared to be impaired. Vestibular / oculomotor screening revealed convergence abnormal at a distance of 18 cm and accommodation to right was abnormal at a distance of 15 cm and left was abnormal at a distance of 15 cm. It was opined that X would benefit from X that were recommended by X and X team.

Treatment to date included X with greater than 40% pain relief and improved function in X.

Per the notice of adverse determination dated X by X, MD, the request for X was denied. Rationale: "Guidelines would recommend X for chronic refractory migraine headaches. This claimant has continued headaches and there is a diagnosis of migraine headaches. Physical examination reveals decreased hearing and impaired balance, memory, and cognition. Previous X have been performed with benefit. However, the efficacy of the most X is Unknown. Without any additional current information, this request for X is non-certified. Peer to peer was unsuccessful."

Per the Notice of Adverse Appeal Determination-WC Network Review Adverse Determination letter dated X by X, DO, "The Official Disability Guidelines do not recommend X as a first-line option, as evidence shows inconclusive benefit, lack of benefit, or potential harm. The claimant reported their symptoms remained the same since the last visit. They also reported an increase in symptoms of stress and an worsened mood. The claimant advised a chronic headache that may be more occipital and versus cervicogenic headaches. On the physical exam, there was a mild bilateral paraspinal tenderness. There was also a positive Spurling test for neck pain bilaterally. There was a full range of motion of the cervical spine. The sensation was in the bilateral upper extremities. There was a mild decrease in hearing bilaterally. There was a mildly impaired tandem balance with eyes closed. There was a mild impaired tandem balance with distraction. Memory and cognition appeared to be impaired. Vestibular ocular motor screening noted abnormal accommodation at a distance of 15 om bilaterally. In this case, the guidelines do not recommend a X for cervicogenic headaches, cluster headaches, or migraine headaches. There are no exceptional findings noted to clarify medical necessity for treatment outside of the guideline recommendations. A phone conversation was held with X, MD at X on X. The provider advised that the claimant has been diagnosed with migraines. The claimant had a prior office visit on X, they did not have an office visit note. There was no new information provided to clarify medical necessity. Therefore, the request for X, is not supported. Recommended non-certification."

Thoroughly reviewed provided records including provider notes and peer reviews. Patient with prior X that was reportedly successful. Now patient with return of symptoms and request for X is warranted. While cited guidelines do not recommend X for cervicogenic headaches, the patient had prior success thus request is indicated. 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 and peer reviews. Patient with prior X that was reportedly successful. Now patient with return of symptoms and request for X is warranted. While cited guidelines do not recommend X for cervicogenic headaches, the patient had prior success thus request is indicated. X is medically necessary and certified

Overtured

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

C-IRO Inc.

Notice of Independent Review Decision

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