

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 cervical spine strain or sprain, severe, persistent and left upper extremity radicular symptoms or radiculitis of undetermined etiology. This review is to determine the medical necessity of prospective request for X.

The Initial Pain Evaluation by X dated X stated that on X, the claimant had pulled an X. The claimant also experienced intense anterior chest wall pain which sent X to the emergency room. A CT scan of the cervical spine revealed X. The claimant experiences numbness in the first, second, and third digits of X left hand and drops items due to the symptom. There is pain associated with sudden movements of X left neck. At this visit, X pain level was rated at a X despite taking high doses of X. The claimant also noted that X." However, X caused headaches. X discontinued X and was started on X.

The X dated X revealed, "X."

The Follow Up Note by X dated X stated that the claimant's X. X also responded well to X. The document further stated that, "The remainder of X pain appears to be myofascial in origin. Today, X had decreased neck range of motion, pain with flexion of the cervical spine, tightness across the trapezius and posterior cervical area, jump signs were elicited. X is on a combination of a X. This pain relief has been gathered in the past with excellent relief of pain, improved function, activities of daily living. As a result of the denial of care, submit the record to help the next peer process go forward in this treatment. The patient does not want conventional surgical intervention, we have been helpful in reducing cost, helping X function and activities. X does want to work through age X. We are also some recommended X.

Finally, the Denial Letter by X dated X stated that, "Furthermore, the cited guideline does not recommend the use of a X. As such, certification with modification or at variance is not permitted in this jurisdiction. Therefore, the appeal request for X is non-certified."

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

The patient is a X. Despite multiple X.

Exam findings consistently show X. X last X provided more than X relief, further supporting medical necessity. Although ODG advises X.

Therefore, it is the professional opinion of the medical reviewer to overturn the decision to deny prospective request for X due to medical necessity.

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

ODG - Official Disability Guidelines & Treatment Guidelines

Official Disability Guidelines (ODG), Work Loss Data Institute. Trigger Point Injections. 2023.

ODG Criteria

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)

Fishman LM, et al. Pain Med. 2019;20(5):877-882.

Simons DG, Travell JG, Simons LS. Myofascial Pain and Dysfunction, 2nd ed.