

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

Date of Notice: X
Date of Amendment: X

TX IRO Case #: X

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a X. X had complaints of neck, right shoulder, arm and hand pain. X reported numbness into the right arm and hand. X tried medications. X was diagnosed with cervical radiculopathy. X was found to have X. X has decreased neck range of motion, decreased grip strength on the right and pain in the X.

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

1) X?

Answer: The use of an X is considered medically necessary according the MCG guidelines and is in keeping with the standards of care. However, the use of X. The use of X for the medical services was generally not considered medically necessary. According to a position paper from the American Society of Anesthesiologists, X. Additionally, the routine use of X. X for most interventional procedures is considered as unsafe, since the patient cannot communicate acute changes in symptoms, thus, resulting in morbidity and mortality, as well as creating compliance issues. There is nothing in the submitted documentation that would indicate a compelling reason for the routine use of X in this patient.

SOURCE OF REVIEW CRITERIA:

- ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase
- 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
- ODG- Official Disability Guidelines & Treatment 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) Position paper from the American Society of Anesthesiologists

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)