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***Notice of Independent Review Decision
Amendment X***

IRO REVIEWER REPORT

Date: X:Amendment 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 who was injured on X. X stated that when X. Later that evening, X noted neck pain, headaches, and decreased range of motion. The diagnosis was chronic right shoulder and arm pain following work injury; chronic neck pain syndrome associated with chronic right shoulder and arm pain following work injury; cannot rule out cervical, intervertebral disc disorder, right cervical radiculopathy associated with chronic right shoulder and arm pain following work injury; myofascial pain syndrome of the cervical, midthoracic regions; and cervicogenic headache.

On X, X was seen by X, DO for initial pain evaluation. X presented with a chief complaint of chronic persistent right shoulder, arm, and hand pain associated with neck and upper back pain following a work injury on X. X noted that since X work injury on X, X had X, and was referred to Dr. X for consideration of pain management including evaluation of X cervical spine. X felt X neck pain was associated with decreased range of motion, pain with flexion aggravated by coughing, sneezing, and X got headaches and numbness in X right arm and hand which X did not have prior to this inciting injury. X had tried X. X had difficulty sleeping and finding a comfortable position at night. On examination, X was in moderate distress. X did have decreased neck range of motion X degrees to the left, X degrees to the right. X had a X

pain into the right shoulder. X were elicited. Range of motion about the right shoulder was diminished, and tenderness over the acromioclavicular joint was noted with X as well. X had decreased internal and external rotation with weakness secondary to pain. The assessment was chronic right shoulder and arm pain following work injury; chronic neck pain syndrome associated with chronic right shoulder and arm pain following work injury; cannot rule out cervical, intervertebral disc disorder, right cervical radiculopathy associated with chronic right shoulder and arm pain following work injury; myofascial pain syndrome of the cervical, midthoracic regions; and cervicogenic headache. Dr. X noted that X should go a long way in determining the extent of injury. X was already receiving X in X shoulder and arm. However, X pain continued as well as neck pain with headaches. X was added to X ongoing drug regimen. X was to continue with Dr. X and X. Once diagnostic testing had been obtained, further treatment including interventional pain care may then be suggested. Per the office visit note dated X, X, DO, noted that X presented for continued care regarding X right shoulder, arm, and hand pain associated with swelling, sensitivity to touch, pain emanating from the cervical disruption following X work injury on X. Due to the persistent nature of X right shoulder pain and the recent evidence of a discogenic contribution to this pain, Dr. X recommended X. This should provide ameliorative relief and return to work duties, as X was in a light duty capacity at that time. X had moderate midcervical interspinous tenderness, decreased range of motion in the right shoulder and spine. X took X and X three times per day. X was asked to X. On X, X, DO evaluated X. Per the note, X continued with moderate right arm and hand pain associated with numbness, weakness, and tingling. X did have a disc disruption at X and X. X had pain in the X. As a result, having X, X was referred by Dr. X. Unfortunately, the peer doctor who denied reasonable

necessary care under the ODG guideline, stated that X had not had “as we read here today comprehensive implemented active rehab,” Dr. X, “Well that is just not true.” X stated X had had over X to X weeks of X. X wanted to get back to X former levels of activity at home and at work and X should help X in this regard. Continued active X in the meantime were advised. X did have midcervical interspinous tenderness. X had decreased range of motion to the right with decreased pinprick in the X. X should hasten X recovery. X was highly motivated to get back to X former levels of activity at work. Additionally, X continued to have X. This was not atypical following work injuries, and Dr. X would schedule X for this in the near future.

An MRI of the cervical spine dated X, demonstrated the X. There was straightening of the X. There were several X. Several were stable. There was slight progression as described below. At the X, a broad X disc bulge was present, which was stable. There was X. At the X, a broad X disc bulge was appreciated, which had increased slightly. There was very mild X. At the X, a broad X disc bulge was present, greater on the left than the right, which was stable. There was X. The right neural foramen was patent. At the X, a broad X bulge was present with mild X. Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X, was denied by X, MD. Rationale: “Regarding X, the Official Disability Guidelines conditionally recommend this, as a treatment option X, X. The Official Disability Guidelines failed to provide recommendation regarding X, therefore, the UpToDate was referenced. The guideline states that X

medications to enable clinicians to perform procedures, while monitoring the injured worker closely for potential adverse effects. It may be used for any procedure in which a injured worker's X. Per the submitted documentation, the request is not warranted. The referenced guideline supports X. Although the injured worker X, the request is still not medically appropriate. The guideline also indicated that a recommendation of X is warranted given that X. In this case, it appeared that X. There was active rehabilitation completed but it was only for the shoulder and arm. In the absence of having exhausted all X, the requested procedure cannot be authorized at this time. Hence, the prospective request for X is non-certified.” Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, DO. Rationale: “Regarding X, the Official Disability Guidelines conditionally recommend X. The guidelines stipulate that an X may be indicated for patients with radicular pain persisting for at least X weeks, accompanied by symptoms such as pain and numbness that correlate with the affected spinal root as confirmed by diagnostic imaging.

The procedure should be performed using an X. The X must also be deemed clinically appropriate, indicated for an X. It should be performed under X. However, X is not recommended with the X. Concerning this appeal, it appears that the prior non-certification for the requested X was appropriate. The referenced guidelines conditionally recommend X. The guidelines stipulate that an X. The procedure should be performed using an X. The X must also be deemed clinically appropriate, indicated for an X, or if the injured worker experiences

functional disability from the pain and has had fewer than X sessions in the past X months. It should be performed X. However, X is not recommended with the use of X. Although the injured worker presented with persistent right shoulder, arm, and hand pain with cervical involvement and an MRI dated X showed X. The provider cited discogenic contributions to the symptoms but did not demonstrate clear radicular pain correlating with the imaging findings. Furthermore, while the appeal letter stated that the injured worker had undergone X. Additionally, the submitted documentation indicated that the injured worker was taking X, which was helpful for pain, further undermining the necessity of an X at this time. Given the absence of confirmed neural foraminal compromise at the requested level and the lack of clear documentation that conservative measures had been exhausted, the request did not meet the guideline criteria and was not medically necessary. A successful peer-to-peer with X, the nurse practitioner on X, stated that there is no indication the injured worker had X for the neck, just the shoulder. MRI showed X. The injured worker has no major medical or psych issues but has a BMI of 30. The injured worker has X to support this request. Therefore, the appeal request for X is non-certified.”

Thoroughly reviewed provided records including provider notes, imaging results, and peer reviews. Patient with pain in potentially radicular distribution despite conservative treatment including X. While X was not dedicated to neck, it involved the affected extremity consistent with the patient's radicular pain. Given corresponding imaging findings, request

for X at requested level is warranted. Prospective request for 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 pain in potentially radicular distribution despite X. While X was not dedicated to neck, it involved the affected extremity consistent with the patient's radicular pain. Given corresponding imaging findings, request for X at requested level is warranted. Prospective request for X is medically necessary and certified

Overtured

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