

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a X with a date of injury on X. The mechanism of injury was not detailed in the records. The patient's current diagnoses included Cervicalgia, Fracture of neck, unspecified, and Spondylosis without myelopathy or radiculopathy, cervical region.

On X, the patient presented for X. The notes indicated that the patient was seen X. The patient reported improved motion and overall mobility and stated not experiencing as much constant severe pain. It was noted that the patient still has difficulty picking things up or bending over due to becoming dizzy. Per X prior status, pain was rated X at best, X at worst, and with neck disability index raw score of X. Per X current status (X), the patient rated X current pain at X, with X at best, and X at worst. X current neck disability index raw score was X. In the therapist's assessment, they noted that the patient continued to demonstrate X. They concluded that, overall, the patient's remaining impairments continue to influence the patient's ability to perform activities of daily living, reach, drive, lift objects, or perform work duties. The therapist recommended X.

On X, a Reconsideration Adverse Determination notice was issued. The letter indicated that the proposed X. The letter stated that although the patient had improvements from X.

In this case, the patient suffered a work-related injury on X. The mechanism of injury was not detailed in the records. In the X re-evaluation on X, X was recommended. The patient's diagnoses were reported to be Cervicalgia, Fracture of neck, unspecified, and Spondylosis without myelopathy or radiculopathy, cervical region. The records indicated that the patient was seen X. The requested X, does not meet the cited guideline as the records provided for review showed that the patient has already been seen X. The records presented also did not provide the patient's detailed history as well as prior treatments to support the need for X. According to the guideline, the patient has already X. As such, the request for X is considered not medically necessary.

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)

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)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN
OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

X