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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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 who was injured on X, when X was X. The diagnoses were left cervical radiculopathy, neck pain and low back pain. On X, X was seen by X, MD, for evaluation of neck pain and low back pain. X had a history of low back pain and neck pain that started with X injury on X. X reported that in X, X used to work for X. X was X. X did not have X seatbelt on, but X did not remember if the airbag was deployed because X said X passed out. X was taken to the hospital by ambulance. The truck that X was driving was totaled, and X was at the hospital overnight. X reported X had noticed immediate neck pain and low back pain whenever X regained consciousness at the hospital. X first saw Dr. X, neurosurgeon for X back pain in X. X was having low back pain, neck pain and left shoulder pain that radiated down to X elbow. X underwent X by Dr. X. X reported that on X follow-up with Dr. X, the imaging did not show the X. It looked like it was resorbed in the body, so X decided to go to a different doctor. This time, X went to Dr. X. X did not have relief from the pain from the first surgery, so X decided to go to the second surgery by Dr. X and towards the end of X, X had X, an X. X said after the second surgery, X felt like there was a knife between X shoulder blades, and X was in constant pain, and the pain that was on X neck and on X left shoulder up to X elbow did not go away as well. Then in X, X saw Dr. X who did a X. After that surgery, X said the feeling of having the knife between the shoulder went away, but the pain that was there on X neck and on X left shoulder and left elbow continued. After that surgery, X said X also got numbness on the X. Since then, X had been seeing the pain management doctor. X saw Dr. X, and at the time Dr. X who was the one that recommended X to see Dr. X. X had been taking X. X said X pain was constant on X neck and back. The neck was worse than the back. X rated it X. X also had X. There had been X. X reported that the pain radiated to the legs bilaterally. X felt a burning sensation. It felt like there was water on X legs at times. X had been working in the X. X said X work on the X did not require much lifting, twisting, or bending. X rated X low back pain as X all the time. Cervical spine examination revealed X. Range of motion of the cervical spine revealed flexion X degrees, extension X degrees, and rotation X degrees bilaterally. Motor strength was X in the bilateral upper extremities. Deep tendon reflexes were X

and symmetric. Tinel's test was X in the left wrist. X was noted to the X. Lumbar spine examination revealed X. Range of motion of the lumbar spine revealed flexion X degrees and extension X degrees. X were X. Motor strength was X in the bilateral lower extremities. X in the bilateral knees. X test was X for the left leg and right leg at around X degrees, creating sharp pain with the left leg and slight pain on right leg. In X resting position, X left shoulder seemed a little higher than the right shoulder. X was very tight and tender with palpation around the left trapezial area. Treatment plan was to proceed with X. An MRI of the lumbar spine dated X revealed that at the X. At the X. X with X was noted. X was noted. An MRI scan of the cervical spine dated X revealed X. X was noted. The X noted at X. The X noted at 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 for denial of X: "Regarding X, the Official Disability Guidelines recommends it if there is a need to identify the location of a X. These procedures are also utilized for X. Diagnostic evaluation may be necessary for X. X is further indicated when physical examination findings do not align with MRI results or when MRI cannot be performed due to X. These criteria ensure that X are used appropriately to enhance diagnostic accuracy and guide effective treatment planning. Per the submitted documentation, the request is not warranted. The claimant has X. Additional interventions included X. Cervical MRI showed X. Physical examination findings were X. The clinical guidelines listed the above criteria for indications of X. The claimant does not present with a X. There are no signs of X. Furthermore, MRI was X. In this case, the request is not medically necessary at this time. Therefore, the prospective request for X is non-certified." Rationale for denial of X: "Regarding X of the cervical spine, the Official Disability Guidelines recommends it if there is a need to X. These procedures are X. Diagnostic evaluation may be necessary for X. X is further indicated when physical examination findings do not align with MRI results, or when MRI cannot be performed due to factors such as X. These criteria ensure that X are used appropriately to enhance diagnostic accuracy and guide effective treatment planning. Per the submitted documentation, the request is not warranted. The clinical guidelines listed the above criteria for indications of X. Although the requested X. There is no evidence of a X. Additionally, there are no indications of X. The physical examination findings are consistent with the MRI results, and the MRI was X. Based on these factors, the request for a X is not considered medically necessary at this time. Therefore, the prospective request for X is not warranted." Rationale for denial of

X: "Regarding X, the Official Disability Guidelines recommends X. These include patients X. Additional indications include X. Postoperative evaluation following X. As other elements of the request were not certified, the request is not deemed medically necessary. Therefore, the prospective request for X is non-certified. "On X, Dr. X wrote an appeal letter stating, "The following is a letter of appeal on patient, X. X is under my care for an on-the-job injury on X. X is X. In X, X had a X. X has now developed X. X continues to be symptomatic with neck, left trapezia pain and proximal left arm pain. These symptoms are consistent with X. X also has continued to have pain in X low back as well. As X condition has gotten worse despite X, I have ordered a X. Unfortunately, these have been denied. We would like to appeal this denial as the patient is getting worse rather than better and has X noted on X MRI scan. A X will be needed to try to ascertain whether or not surgery would benefit X. Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale for X: "Regarding X, the Official Disability Guidelines recommend when X. It plays an important role in X. This imaging is also valuable when MRI is unavailable or inconclusive, such as in cases involving X. X supports more precise diagnosis and effective treatment strategies. Upon review of the submitted records, it appears the request is not warranted. According to the guidelines, X is conditionally recommended and should only be performed under specific circumstances, such as when MRI is X. In this case, MRI has already been successfully completed for the lumbar spine dated X and has revealed X. However, there is no evidence that the MRI findings are inconsistent with the claimant's symptoms, nor is there any documentation that MRI was X. Furthermore, there is X. While the claimant continues to report persistent and worsening pain X. Therefore, the appeal request for X is non-certified." Rationale for denial of X: "Regarding X, the Official Disability Guidelines recommend it if there is X. It plays a critical role in X. The procedure is also valuable for diagnosing suspected X. It becomes particularly Important when physical exam findings conflict with MRI results or when MRI is not X. These criteria ensure X. Upon review of the submitted records, it appears the request is not warranted. In this case, the claimant presents with persistent neck pain, left trapezial pain, proximal left arm symptoms, and imaging evidence of X. The claimant has undergone an X. Furthermore, there is X. In addition, the medical documentation does not clearly demonstrate that X. Moreover, there is no evidence of a X. Given the criteria outlined in the recommended guidelines have not been met, the appeal request for X is non-certified." Rationale for denial of X:

“Regarding X, the Official Disability Guidelines recommend X. These include individuals experiencing X. Imaging is also advised in X. As other elements of the request were non-certified, the Texas regulations do not allow for partial certification or modification of requests without the provider's consent, adopting an all-or-none approach. Given the above information, the appeal request for X is non-certified. “The claimant has been followed for a history of X. Prior MRI studies of the X from X showed an X. X of X was noted. The X noted at X. The X, and X noted at X. The claimant had stable findings on the last physical exam. However, the claimant has not improved with X. There is a reasonable concern for X noted on the prior MRI. Given the extensive surgical changes present in the cervical spine, X are indicated. For the lumbar spine, the claimant’s last MRI study was from X. There were no significant changes noted at the last clinical evaluation. There were no indications for a X. Therefore, the prior denials are overturned in part for services in dispute: X. The service in dispute X is not medically necessary. 1. X is not medically necessary and non-certified. 2. X is medically necessary and certified.

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

The claimant has been followed for a history of chronic neck pain X. Prior MRI studies of the cervical spine from X showed an X was noted. The X noted at X. The X noted at X. The claimant had stable findings on the last physical exam. However, the claimant has not improved with X. There is a reasonable concern for X noted on the prior MRI. Given the extensive surgical changes present in the cervical spine, X are indicated. For the lumbar spine, the claimant’s last MRI study was from X. There were no significant changes noted at the last clinical evaluation. There were X. Therefore, the prior denials are overturned in part for services in dispute: X. The service in dispute X is not medically necessary. 1. X is not medically necessary and non-certified. 2. X is medically necessary and certified.

Modified

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