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Notice of Independent Review Decision

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 sustained an injury on X. X was attempting to walk into an X. The diagnoses included postconcussional syndrome; brain concussion without loss of

consciousness; irritability; acute posttraumatic headache, intractable; vertigo; diplopia; unspecified ptosis of left eyelid; and cognitive impairment.

X was seen by X, MD on X for persistent headaches and vision problems following the injury. X rated X headaches X. Since the injury, X experienced difficulty seeing from X left side, with X almost shut at times. X also reported biting the tongue frequently, which was a new symptom. X had been advised to undergo X due to concerns about a potential stroke, but X was unsure of the results. X also reported neck and shoulder pain, particularly between the shoulder blades, and difficulty seeing while working, which X attributed to eye strain. X experienced occasional dizziness and nausea, with some vomiting. X noted that X headaches were not relieved by X, which X took frequently. X had been suggested to restart X, but opted not to. X had a history of X since the accident, although X denied having X prior to the incident. X had X. On examination, X blood pressure was 145/99 mmHg and body mass index was 32.04 kg/m². X was evaluated via telemedicine. X was noted to be alert and oriented to person, place, time, and situation grossly, recent, remote, memory and attention and concentration in order to be intact. Expressive and receptive speech modalities were intact. X mood and affect were appropriate for the situation. X judgment and insight were fair. The plan was for X. X was also recommended.

Treatment to date included X.

Per the utilization review by X, MD on X, the request for X was non-certified.

Rationale: "Based on the documentation provided, the ODG by MCG Last review/update date: X Neuropsychological Testing, is not satisfied. On X, the patient sees Dr. X. The patient has headaches and visual difficulty. The patient had X. There is neck pain and shoulder pain. There is ocular difficulty. Examination is not done secondary to a telemedicine visit. Plan is for ongoing care. In particular, there's a lack of peer review literature, demonstrating that computerized cognitive testing is standard of care. Therefore, the requested X is not medically necessary."

In an appeal letter dated X, Dr. X documented that the requested X were medically necessary to diagnose and manage X. The requested X were medically necessary to diagnose and manage X. X symptoms included intractable headaches and significant neurological symptoms, new-onset focal neurological deficits, and documented cognitive impairment. X wrote that "The denial of these services is based on a

superficial and inaccurate reading of the medical record. A proper examination was performed, and the requested X represent the standard of care for a patient with X. X recovery has stalled, and we have a clinical obligation to investigate the objective neurophysiological basis for X persistent, multi-system complaints. This X is the necessary next step to guide targeted therapies, optimize X brain function, and facilitate X recovery and safe return to work.”

Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: “The literature cited in support of the request is acknowledged. The studies cited notes mixed, though largely unfavorable, results for the validity of computerized neurocognitive assessment and correlation analyses show no clear pattern of convergent or discriminant validity and group comparisons suggest no clear or clinically meaningful differences between groups with X and control groups. The authors conclude that there is a paucity of research on the subject and further investigation is required. Therefore, the request is recommended upheld.”

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

Based on the records, the claimant clearly has a documented X on X with ongoing headaches, vertigo, photophobia/phonophobia, and reported concentration problems and short-term memory loss diagnosed as cognitive impairment X), so X does meet general criteria for consideration of standard X (persistent symptoms >X weeks with functional impact, where results could help guide treatment). However, the evidence-based guidelines cited in the file (ODG by MCG) do not specifically address or recommend the

proprietary X objective cognitive assessment tool, and the reviewer explicitly notes no supportive peer-reviewed evidence within the last five years for this platform. Current guideline language supports use of validated bedside screens (e.g., MoCA, MMSE) and formal neuropsychological testing by qualified providers, and also states that cognitive assessment is not supported as a screening tool in asymptomatic patients—there is no separate, guideline-recognized indication for X itself. Because the device is not addressed or endorsed by the referenced guidelines and is effectively investigational despite the presence of post-concussive cognitive symptoms, the requested X objective cognitive assessment tool testing does not

meet current guideline-based indications. As such, it is this reviewer's opinion that the services in dispute: X is not medically necessary and the prior denials are upheld.

Non-certified.

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