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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X stated a X pushed X, causing X to X. The diagnosis was concussion syndrome (X) and traumatic brain injury (X).

X visited X, MD on X, for a follow-up after X injury. At the time, X reported episode of unawareness, dizzy spell without true vertigo, and imbalance. X demeanor was very depressed and concerned about the persistence of symptoms. During the encounter, X showed a significant depressive demeanor. In spite of the multiple symptomatology that X emphasized X willingness to start working immediately. A physical examination was not documented. An X was ordered, after which X was to follow-up. It was Dr. X impression that the X would show X. If this was the case, X. A visit note by X, LPC, dated X, was documented. It was noted that X reported experiencing heightened anxiety and stress following the injury sustained while performing work duties. These emotional responses appeared to correlate with the physical limitations and the anticipated duration of recovery. X had exhibited signs of increased irritability and difficulty concentrating since the work injury occurred and X reported that these changes affected daily physical and emotional functioning for X reported symptoms, consistent with emotional functioning deficits, including nightmares and avoidance behaviors. The mechanism of injury involved a serious accident which had contributed to ongoing psychological distress. Psychosocial factors affecting physical recovery included difficulty adapting to physical limitations or changes in job responsibilities post-injury; concerns about returning to work and the possibility of sustaining another injury; worry over lost wages, medical expenses, or potential long-term disability that could impact financial stability; increased stress, anxiety, or depression stemming from the injury and its consequences. On X, X was seen in follow-up by X, PA, for the diagnosis of postconcussional syndrome. X reported no new changes since X prior visit, and stated X went to X had X. X had not seen the neurologist yet. X had not been working. On examination, the head / face showed evidence of X. Tandem walk was difficult and very slow. It was noted X was X of the way toward meeting the physical requirements of X job. X was pending X. The assessment was X.

An X dated X, demonstrated X. This suggested X. X involving the X was seen.

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: "ODG does not recommend it except in research settings. In this case, the submitted documentation does not include a

recent office visit to assess the current clinical status, progressive neurological symptoms, or an updated mental status examination that would justify the need for X. Additionally, the prior X shows X. While the neurological report notes X, there is no documentation confirming that this study was performed. Moreover, the guidelines do not recommend it. Given the absence of current clinical findings and sufficient evidence of prior deficits, the request is non-certified” Rationale for denial of X: “ODG recommends it in X. In this case the submitted documentation does not include a recent office visit to assess the current clinical status, progressive neurological symptoms, or an updated mental status examination that would justify the need for X. Additionally, the prior X shows X. While the neurological report notes X, there is no documentation confirming that this study was performed. Given the absence of current clinical findings and sufficient evidence of prior deficits, the request is non-certified.” Rationale for denial of X: “The recommendation is for the X requested. As such, this accompanying request is deemed not medically necessary and is recommended for noncertification.”

On X, X, MS, LPC-S, wrote a response to a denial letter, “X on X requested X, which were denied on X. X is appealing this decision which was deemed denied.” “X did have a recent X(X) and results indicated X. Review of X initial visit in X and most follow up with neurologist, Dr. X, MD-PA, on X, X presented with continued symptoms of anxiety and was going to schedule for X. X did review the X and advised this treatment based on the results, which were also compared to X imaging of X. X initial appointment was in X. X is to follow up as advised. Medical records received from X, which included X office visits, from X until X. In summary, X did have ongoing issues with the referral for the X for several months, there were delays due to financial costs and preauthorization. X did have a recent evaluation recommended by X for diagnosis and was determined to have X. X is expected to have another evaluation in X. X presented with continued symptoms of severe headaches, dizziness, and affective symptoms. X was advised to continue X. X is on a modified work status however not currently working. X is taking X medication as advised and will follow up with X in X weeks as noted in most recent visit of X. As noted above, X completed X and is to follow treatment advisements from the X. Based on X accepted medical conditions and length of time, our request for the above-mentioned treatment should be deemed medically appropriate as Official Disability Guidelines (ODG) allows for treatment to address psychophysiological functioning but also allow for individualized supportive services as long as progress is being made. Please refer

back to the medical documentation initially submitted along with new medical obtained for this appeal. With all of the above mentioned, it is evident that X suffers from pain symptoms as well as emotional distress due to X work injury of X and has the following accepted medical diagnoses of: X Unspecified fracture of the lower end of left radius, subsequent encounter for closed fracture with routine healing; X Contusion of right wrist, subsequent encounter; X Sprain of ligaments of thoracic spine, subsequent encounter; X Sprain of ligaments of lumbar spine, subsequent encounter; X Contusion of unspecified part of head, initial encounter. Lastly, references by Official Disability Guidelines-ODG managed by MCG, body system for Mental Illness and Stress/; Mental Illness and Stress; Treatment type: Complementary/Alternative Medicine, Physical Medicine, Psychological: updated X; is Conditionally Recommended.” These guidelines were quoted in the letter. Dr. X further noted, “As per guidelines referenced above and medical records submitted for review, our request for the abovementioned procedures in order to determine X appropriate candidacy for such a request is reasonably necessary. Projected treatment is to improve overall quality of life. Due to the specific information provided, I am requesting the case be reopened for an appeal.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X; was denied by X, MD. Rationale for denial of X: “Per ODG guideline, X. In this case, there is documentation that an adverse determination was rendered regarding the request on X. In addition, there is documentation that the patient continues to have severe headaches, dizziness, and affective symptoms. However, there is no clear documentation of a condition (with supportive clinical findings) for which X is indicated, such as X. In addition, X is not recommended for X. Per the peer-to-peer discussion on X with X, LPC identified that the X is being requested to assess whether the patient would be a candidate for X. However, no literature was found in the national library of medicine supporting the Use of X. Furthermore, the appeal letter seems to indicate that X is being sought. However, X does not require X in order to establish candidacy for that treatment. Therefore, the request is still non-certified” Rationale for denial of digital analysis of X: “Given the recommendation for non-certification of the request for X, this associated request is likewise recommended for non-certification.” Rationale for denial of X: “ODG does not specifically address this issue. The X guideline notes that X is an X. It is crucial for X. The eloquent regions of the X. In this case, there is documentation that an adverse determination was rendered regarding the request on X. In addition, there is

documentation that the patient continues to have severe headaches, dizziness, and affective symptoms. However, there is no clear documentation that a surgical procedure is being considered and has been certified/authorized. There is no clear documentation of the medical necessity of the current request. Per the peer-to-peer discussion on X with X, LPC identified that the X. However, no literature was found in the national library of medicine supporting the use of X. Furthermore, the appeal letter seems to indicate that X is being sought. However, X does not require X. Therefore, the request is still non-certified.”

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

This is a case of a X who sustained a work injury and is reporting persistent X. X team has ordered X “to exam relevant brain wave activity” and “to complete mental status exam.” The current evidence or established guidelines does not support the use of X. In a X study published in X.” Their comprehensive review of X. Furthermore, they also concluded that “there are X.” Additionally, a X.

The evidence base for X is still in its infancy lacking double-blinded, placebo-controlled studies. Additionally, there are no protocols that suggest X is necessary prior to intervention.

A X systematic review (X “X” in Neuropsychological Rehabilitation) examining psychological interventions for prolonged post-concussion symptoms found that X. Therefore, the request is still non-certified. X is not medically necessary and non-certified.

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