

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]: X with an industrial injury dated X when X. The work injury is stated to have caused neck pain, headaches, and pain in the upper extremities. MRI of the cervical spine (X) revealed X.

Diagnoses reported by the treating physician include: 1. Chronic neck pain syndrome following work injury. 2. Cervical disc disruption with bilateral arm and hand pain, cannot rule out complex regional pain syndrome of the upper extremities. 3. Post-concussion head syndrome associated with the above conditions. Treatment has included X. A X was performed which was reported to provide excellent benefit, but only lasted a couple of weeks.

Dr. X has requested a X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: ODG does not address the use of X, as reported in this case.

As per ODG, X”

A literature search was performed which could not find evidence to support this procedure. As such, the medical necessity for this procedure has not been established. Therefore, the X is not considered 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)

ATTESTATIONS:

X.

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