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An Independent Review Organization
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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 worked as a X. On the date of injury, X fell from a X. X had no loss of consciousness / AMS / PTA. X had immediate onset of headaches, dizziness, and nausea. The diagnosis was postconcussion syndrome, intractable migraine without aura and with status migrainosus, bilateral occipital neuralgia, cervicgia, cervical myofascial pain syndrome, lumbar radiculopathy, neck muscle spasm, cervical radiculopathy, intractable chronic post-traumatic headache, and cognitive dysfunction.

Per a Letter of Medical Necessity dated X, X, MD documented that X was diagnosed with intractable migraine without aura and with status migrainosus. X ongoing medications included X. The letter of medical necessity was for X. Expected duration was likely greater than X months. Goals of treatment were to reduce disabling migraine headaches to restore functionality, increase working ability / schedule, and reduce sick days. Prior authorization requirement: X meets criteria for preventative X based on diagnosis of intractable episodic migraine with X headache days per month for >X months, age X or over, evaluation by Neurology, duration over X hours per headache, failure to respond to X day trial of preventative medications listed below. X was not on X and had been screened for medication overuse headaches.

On X, X, MD evaluated X for a neurology follow-up visit on headaches, convergence insufficiency, dizzy flares. Regarding headaches, X reported bad migraine the day after the X. X was denied for erroneous reasons. X had X migraine affected days over X months. Overall, X missed tracking multiple hangover days in addition. X usually had one day after each migraine. In X, X had X migraines and had significant benefit from X sample. In X, X had X migraines and X wore off. The location of migraine was X. It was described as throbbing with sharp radiation occasionally with neck pain. X had X, X. X current abortive medications

included X, with less effect; X which was more effective and continued to require repeat. X helped. X helped. X helped with spasm and sleep. X helped with neck / headaches. X ongoing preventative medications included X which helped migraine somewhat (activation during initiation resolved). X dose was decreased after X which helped headache, radiculopathy and sleep. X had X on X, X, X, X and X which helped reduce frequency / duration / severity of migraine with at least X reduction which wears off before X months, at the time after X, it was wearing off within weeks. Regarding ocular, X had completed X for X. X continued with X. X continued to have trouble reading. X had to set limits of about X minutes for computer work, otherwise provoked migraines. X had trouble with visual scanning, quick eye movements and shadows. Grocery shopping triggered dizziness but some improvements. X had difficulty maintaining sights on X firearms; compared to very proficient before. Regarding vestibular, X had dizzy flares the day after X, it was intermittent throughout the day (elevator, parking garage, shadows). X was overall improved. X had completed X. Regarding cognitive complaints, X completed X. At re-evaluation, X scored too high in all domains to qualify for further X. Regarding sleep / fatigue, X had neck pain on waking, which overall improved with X. X had completed X for cervical / lumbar issues. On examination, X blood pressure was 111/80 mmHg. Head / neck revealed X. Eyes revealed no X. Neurologic examination revealed X. There was tenderness to palpation in the right occipital and temporal region, left occipital region, and right cervical region. An MRI of brain dated X was reviewed which was X. There were X changes on the right. Videonystagmogram (VNG) dated "X" revealed X. There were X which may be indicative of nuanced cerebellar changes which may be contributing to symptoms of imbalance and poor postural stability and coordination. Findings were consistent with central dizziness.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Regarding X, the ODG states that it is recommended as an option and may be a first-line or second-line option. X may be indicated when age is X years or older; X. The request is not supported. In this case, there is no documentation of a more recent office visit submitted for review containing a comprehensive objective examination to properly assess the claimant's current clinical condition and warrant the request. Additionally, the

lack of a recent office visit makes it difficult to assess whether the claimant has chronic migraines or episodic migraines to warrant the need for the request. No intervening events or exceptional factors were noted to warrant the request. Therefore, the request for X is non-certified.”

Per a letter of appeal dated X, X, MD requested for independent review and formal complaint regarding X for X. It was documented that X medication was initiated on X at the last full office visit prior to that day’s follow-up. X was never tried in the past or documented as a prior medication. Therefore, it would be impossible to evaluate its efficacy prior to prescribing. This statement in the denial was patently false. There was ample evidence of "failure of less costly options." This had been extensively documented in every single note since Dr. X had seen X. X migraines had been insufficiently controlled with preventative medications due to inefficacy or side effects, X. X meets criteria for preventative X based on diagnosis of episodic migraine with X headache days per X for >X months, age X or over, evaluation by Neurology, duration over X hours per headache, failure to respond to the medications noted above, and no commitment use of another X for prevention of migraine. Further denial of this medication was extremely inappropriate and in violation of the ODG guidelines as stated. It was further documented as “The statements in the denial are grossly incorrect to the point of negligence at minimum and intentionally lying at worst. The person writing this denial even cited information from the clinical note from X, so they did read the note, and it was not a mistaken identity. They either consciously ignored or misread the note. When this is a matter of authorizing medical care, this type of careless mistake or gross negligence is not acceptable.”

Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: “The Official Disability Guidelines conditionally recommend X as a first-line or second-line option for X years or older, chronic or episodic migraine headache prophylaxis and no concomitant use of another X. In this case, the claimant is X year and X months post injury with reports of X migraines per month, convergence insufficiency, vertigo with movements and concentration / word finding difficulty. Prior treatments include X. An order for X was noted. The claimant was noted to have X in the past. However, there is no documentation of its efficacy from prior use. Additionally, there is no evidence of failure of less costly options. As such, the request for X is

non-certified.”

Thoroughly reviewed provided records including provider notes and peer reviews.

The provider is requesting a X. The patient has X. Thus, based on cited guidelines, where X is recommended as a first or second line option, request for X is indicated. X is medically necessary and certified.

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

Thoroughly reviewed provided records including provider notes and peer reviews.

The provider is requesting a X. The patient has X. Thus, based on cited guidelines, where X is recommended as a first or second line option, request for X is indicated. X is medically necessary and certified.

Overtured

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