

Independent Resolutions Inc.
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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X was involved in a X. The diagnoses were cervicalgia, muscle weakness (generalized), other spondylosis with radiculopathy of cervical region and radiculopathy of lumbar region

On X, X had a physical therapy initial evaluation by X, DPT for cervicalgia, muscle weakness (generalized) and other spondylosis with radiculopathy of cervical region. X presented with increased neck pain, described as sharp and localized to the lower cervical spine. Pain was aggravated by cervical extension (looking up) and left rotation. Symptoms began in X following a motor vehicle accident. X initially pursued X for neck and low back pain but experienced minimal relief until receiving a X. X received a X on X, resulting in significant symptom improvement. X reported reduced pain levels and improved function since the X but continued to experience residual discomfort with specific neck movements (extension and left rotation). Following the X, X was diagnosed with X. Blood

glucose levels were reported at X mg/dL post-X and were managed around the X mg/dL range. X was under the care of X primary care physician (PCP), who had prescribed medication to aid in blood sugar control. X worked as a X. Due to ongoing symptoms, X was temporarily working in a modified capacity performing X. At the time, pain was rated and X and at worst X (looking down for increased period of time). Neck Disability Index score was X, indicating moderate activity caused significant pain. Examination showed X. Segmental mobility testing showed X. Cervical spine range of motion included flexion to X degrees, extension to X degrees with X pain, right side bending to X degrees, left side bending to X

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degrees with X pain, right rotation to X degrees and left rotation to X degrees with X pain. X had X. X had an MRI that revealed X. X presented with tenderness to palpation at X. In addition to reduced cervical range of motion (extension, left rotation, and left side bending), X was limited by pain. Mild weakness was noted in the X. Resting posture was ideal for short periods of time but easily slouched with forward head posturing and needed verbal cueing to correct. X would benefit from X. X was recommended to X.

X had X with X, PTA on X for radiculopathy of lumbar region. X returned to X following a low back injury that happened in X. X had X. X was X. X received X on the left side the previous week "(X)" with some relief (X improvement). X noted that as X had started walking again and riding in vehicle the pain had returned with continued radicular pain down the back of the leg. Pain had returned to X. X noted X could lie down with no pain and ice improved it. Aggravating factors included moving around, standing, and sitting (X minutes). X noted X had been working X hours a day. Pain was rated as X at the time and at worst was also rated as X. The Oswestry (ODI) score was X, indicating moderate activity caused significant pain. On examination, provocation testing of the lumbar spine showed X. Dural slump test was X. Tenderness was noted at X. X had responded to X. Imaging showed X. Progress was noted with centralizing symptoms to the low back and right glute without pain distal. X no longer had a X. X responded well to treatment with good participation and minimal complaints. There was good relief of residual soreness from treatment. X would benefit from X to improve function by addressing pain, improving range of motion (ROM), improving core stabilization, addressing postural awareness, and educating on pain / pathology. X was recommended.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, MD, the concurrent request for X was denied. Rationale: "The referenced guidelines recommend X. Multiple affiliated reviews certified a X. The claimant had chronic

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and increased neck pain with reduced ROM, had limitations due to pain, weakness, increased tension, decreased mobility, and decreased activity tolerance. Their neck disability index score was X. Their MRI showed X. They had prior treatments with X. The request may be beneficial based on the claimant's affected body part. However, there was no documentation of the completed number of X. A phone call to the office of X, M.D., at X was attempted on X. However, the provider did not answer, and the phone just rang until it dropped. Considering that requesting additional information is not permitted in this jurisdiction, the request is not supported at this time. Therefore, the concurrent request for X is non-certified.”

Per a utilization review adverse determination letter dated X by X, MD, the concurrent request for X was denied. Rationale: “In this case, the claimant suffered from cervicalgia, generalized muscle weakness, and cervical region spondylosis with radiculopathy. Previous treatments included X. The X dated X documented continued neck pain rated at X and up to X at worst when looking down for extended periods, with pain aggravated by cervical extension and left rotation. Objective examination findings included X. Given that the claimant had recently received a X that provided significant improvement and had X is recommended. However, the number of visits requested exceeded the guideline’s recommendation. Partial certification is not allowed without successful peer review. Therefore, the appeal request for X is non-certified.”

Thoroughly reviewed provided records including provider notes, imaging findings, and peer reviews. The X.

The patient appears to have radiating neck pain that responded to interventions including a X. The patient only appears to have had a X. Given apparent X. The X requested is within guideline recommendations cited thus is an appropriate request. Concurrent request for X is medically necessary and certified

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

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FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Thoroughly reviewed provided records including provider notes, imaging findings, and peer reviews. The X.

The patient appears to have radiating neck pain that responded to interventions including a X. The patient only appears to have had a X. Given apparent X. The X requested is within guideline recommendations cited thus is an appropriate request. Concurrent request for X is medically necessary and certified

Overtured

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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