

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]: The patient at the time of review is a X who sustained an injury on X. The mechanism of injury is detailed as an injury sustained to the head, neck, left shoulder and back in a work-related X. The diagnosis of the patient is spondylosis without myelopathy or radiculopathy in the cervical spine region. The patient experiences ongoing headaches, noise sensitivity, disequilibrium and pain in multiple areas. There is limited range of motion in the cervical spine, left shoulder and lumbar spine. MRI (magnetic resonance) noted X. Treatment

included X. Recommendations for X. X was completed and is receiving X.

Per the X, Progress Notes, X, MD, indicates the patient being seen for recheck. X continues with headaches and neck pain posteriorly and bilateral areas and the pain severity is variable X also has neck stiffness and decreased range of motion to the neck area. X are set for X. The patient continues using X. The X. X left shoulder pain remains intermittently, and the pain is achy and burning in nature. The pain is moderate and does not radiate. The pain was not relieved with X. There is a concern for X. X has ongoing headaches. Diagnosis are neck strain and left shoulder strain. On X, progress notes with X, MD, indicate a X pain scale. Activities make the pain worse, and rest makes it better. The pain is electrical, pinching and burning. The patient continues with ongoing headaches. The pain is intermittent, and X has issues with X activities of daily living, prolonged walking and standing, lifting and carrying objects. X complains of joint and stiffness along with ringing in the ears. On exam, there is tenderness along the spinous process/lateral masses bilaterally. Grips are normal and sensation is intact. X has X. Range of motion to the cervical region is normal. Cervical x rays indicate X. There are X. Per the X, Physical Therapy Eval, X, PT, DPT indicates left

shoulder pain with stiffness and generalized muscle weakness. X had X. X is agreeable to X. X month prior to surgery the left shoulder was frozen. X has decreased Active range of motion, decrease in gross muscles to the left shoulder and left elbow. X including X. Treatment plan X. On X, Progress Note, X, MD, indicates X has a surgical history of X. X also had a X. X relevant history includes X. X presented for left sided neck pain and left shoulder pain. X injuries are noted to be caused by an X. X has a X pain scale. Activities make the pain worse, and rest makes it better. The pain is electrical, pinching and burning. The pain is intermittent, and X has issues with X activities of daily living, prolonged walking and standing, lifting and carrying objects. There are also ongoing headaches per the patient. On exam, there is tenderness along the spinous process/lateral masses bilaterally. Grips are normal and sensation is intact. Spurling's test is X. Range of motion to the cervical region is X. Cervical x rays indicate mild degenerative changes. There are no radicular symptoms. Previous X. X has likely suffered from whiplash. Following X, on X, X had excellent pain relief of X. X range of motion also improved, and X was able to sleep through the night without pain. Given these findings, recommendation is for X. The patient agreed, and the risks and benefits were discussed. MRI of the cervical spine indicated X.

There was X. Per the X, Peer Review, X, MD, indicates the patient has a X.

Ongoing symptoms are headaches, neck and low back pain, vestibular and cognitive problems. MRI indicated X. The patient has undergone X. The recommendation is for X. X has had severe X. Peer review report dated X denied requests for X as the request was not recommended for cervicogenic headaches. Reconsideration for X.

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

In this case, the patient has continued to complain of ongoing and severe at times cervicogenic headaches, cervical and lumbar pain, along with left shoulder pain. There is an accompanying noise sensitivity and disequilibrium. X has continued pain medications for over X. As of X, the progress notes state that the patient has completed approximately X. X has also undergone a X. MRI of the cervical spine indicated X. There was X. There is X. X with documented pain relief are needed prior to X. These types of X. Therefore, since there are missing criteria as well as a contraindication to X complete diagnosis, the request for X is denied as not 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)
- Overturne (Disagree)
- Partially Overturne (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**