IRO Express Inc.
An Independent Review Organization
2131 N. Collins, #433409
Arlington, TX 76011
Phone: (682) 238-4976
Fax: (888) 519-5107
Email: @iroexpress.com

Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X; Amendment 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. The mechanism of injury was described as involving in a motor vehicle accident. The diagnosis was post-concussional syndrome (X).

X was seen by X, MD, on X and X. On X, X was seen via telemedicine for evaluation of a head injury sustained in a motor vehicle accident on X. X did not recall the accident itself, describing X last memory as X. Since the accident, X experienced persistent dizziness and uncoordinated movements, particularly when bending down or moving X head from side to side. X noted that X must stand still for several seconds to regain X balance before continuing with activities. Despite these challenges, X remained active. X spouse observed notable changes in X temperament, reporting that X was easily aggravated, a difference from X pre-accident personality. X had completed X. Review of an MRI of the brain dated X showed a X. There was X. The findings were felt to be consistent with X. On examination, X was noted to be alert and oriented to person, place, time, and situation grossly. Recent remote, memory, attention, and concentration were intact. Expressive and receptive speech modalities were intact. Mood and affect were appropriate for the situation, and judgment and insight were fair. Expressive and receptive speech modalities were noted to be intact. Speech was dysarthric. The assessment included closed X. Dr. X recommended X. On X, X returned

for a follow-up after X. X reported feeling better and noted gradual improvement over time with no pain at the time. X denied any new symptoms or setbacks and shared that X had been bothered by confusion during a recent cognitive test, specifically regarding a vegetable versus fruit question. Overall, X recovery was progressing, though X remained attentive to cognitive challenges. The assessment included X.

Treatment to date included X.

Per a pre-certification request for X dated X by X, MD; X sustained a motor vehicle accident on X that required a X-day ICU stay. An MRI of the brain dated X confirmed significant structural injury, including findings “consistent with X” and “X.” Despite initial recovery, X continued to experience persistent, sporadic neurological symptoms, including dizziness (X), uncoordinated movements, dysarthria (difficulty speaking), and new-onset confusion. These symptoms significantly impact X daily functioning. The purpose of these studies was to X. A X. X X placed X at a high risk for developing X. This baseline study was necessary to screen for any X. X symptoms (dizziness, confusion, uncoordinated movements) were sporadic and not reproducible in a clinical setting. A X was statistically insufficient to capture these intermittent events. The medical necessity for a X was based on event differentiation, situational seizure documentation, and high-risk diagnosis.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale for X: “ODG notes that X is

recommended and may be a first-line option, ODG recommends X. In this case, the claimant was involved in a motor vehicle accident on the date of injury, The claimant complains of X, The X on X, demonstrated X. Neurologic review of systems is X. Considering these factors, this request would have been medically necessary. However, without agreement to the proposed modification of the overall request, the request as submitted is not medically necessary." Rationale for X: "ODG states that X. X offers an alternative to inpatient X. In this case, there is X. Further, guideline states that X is not recommended as a routine diagnostic procedure for X. The requested X is deemed medically necessary in this review, considering these factors and pending review of the results of the recently approved X, the request for X is not medically necessary."

An appeal letter was written by X, MD, on X regarding X. It was documented that the denial of these services was clinically inappropriate, misapplied established guidelines, and would lead to a significant and unnecessary delay in the diagnosis and treatment of this patient, who was at high risk for X. Dr. X explained the denial rationale, and documented that "X): This is a procedural denial, not a clinical one. The peer reviewer, X, MD, explicitly affirms that the X is medically necessary. Dr. X correctly cites the patient's X, the significant MRI findings from X (X), and the X as justification. The denial was issued based on a 'lack of agreement' to modify the request. The provided record indicates only one call was placed to my office on X, resulting in a voicemail. A single, unanswered voicemail is not a 'reasonable opportunity to discuss' the case and does not constitute a valid basis for denying a service that the reviewer agrees is medically necessary."

Regarding X: “This ‘X approach is clinically inefficient, creates an unnecessary delay in care, and ignores the patient’s symptom presentation. As clearly stated in the X pre-certification letter, ‘X symptoms (dizziness, confusion, uncoordinated movements) are sporadic and not reproducible in a clinical setting.’ A standard X. It is statistically insufficient. Forcing a ‘fail-first’ approach with the X. This will force the patient to wait, only to have my office file another appeal for the X, which is the appropriate test in the first place. The ODG guidelines, cited by your reviewer, support X ‘after X ‘is not sufficiently diagnostic.’ My clinical request anticipates this outcome based on the patient's sporadic symptoms to avoid a harmful delay in diagnosis.” Per summary and request: “The peer reviewer agrees the X is medically necessary. The denial of the X is based on a flawed clinical rationale that will delay diagnosis. The patient has a X. A X is the only test that can reliably capture these events to determine if X is suffering from X. We respectfully request an overturning of this adverse determination and immediate approval for both the X.”

Per a reconsideration review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale for X: “ODG notes that X is recommended and may be a first-line option. ODG recommends X for X. In this case, the submitted records note that the claimant presents with a history of X. The claimant currently reports balance difficulty, impaired coordination, difficulty speaking, and dizziness. Given the reported altered neurological status and symptoms beyond X weeks from the initial injury, this request would have been medically necessary, based on cited guideline recommendations. However, without agreement to the proposed modification of the overall request, the request as

submitted is not medically necessary." Rationale for X: "ODG states that X may be indicated for differentiation of epileptic from nonepileptic events, seizures. known, and need to characterize seizure type, syndrome, and frequency of seizures known and withdrawal of anticonvulsant medication under consideration or seizures, suspected, after nondiagnostic X. X offers an alternative to inpatient X when routine X is not sufficiently diagnostic. In this case, the cited guidelines do not recommend X. Secondly, there is no documentation of history or current episodes of seizure or seizure like activity, to warrant the X. Moreover, the X results, while deemed medically necessary are not available for review currently. Therefore, the request for X is not medically necessary."

On X, an appeal letter was completed by X, MD, regarding X. It was documented that the adverse determination was clinically unsound, misapplied ODG guidelines, and ignored the high-risk nature of X. A timely and accurate diagnosis was critical to prevent further harm and determine the correct course of treatment (X). X was not a case of "X". This was a X. Regarding clinical facts, X sustained a severe X. An MRI on X confirmed significant structural damage, X. Persistent symptoms were noted, X continued to experience new-onset, sporadic neurological events, including "balance difficulty," "impaired coordination", dysarthria (difficulty speaking), and new-onset confusion. Dr. X thought that whether these X. The denial from Dr. X was based on a fundamental misinterpretation of the diagnostic purpose of the requested tests and a flawed "X" logic that would dangerously delay care. Denial rationale and Rebuttal were documented. Furthermore, Dr. X opined that upholding this denial and forcing a "X" approach needlessly exposes the patient to

severe and preventable harm. If Mr. X was experiencing X. Upon conclusion, Dr. X thought that the denial was clinically flawed. It ignored objective MRI evidence, misapplied guidelines to a high-risk patient, and attempted to force a dangerous "X" X. They respectfully request the IRO overturn this adverse determination immediately.

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

Based on the records, the claimant meets clinical indications for a X. X sustained a X. The appeal materials quote ODG to the effect that X is indicated for differentiation of epileptic from nonepileptic events, and the independent reviewer explicitly acknowledged that a X would be medically necessary given the altered neurologic status and symptoms beyond X weeks after the injury. This is not simple concussion screening but targeted evaluation of a high risk severe X. The claimant does not meet the clinical indications for a X. In this case there is high risk anatomy and persistent neurologic symptoms, but there is no documented history of clearly witnessed seizure episodes and the requested X has not yet been performed or shown to be nondiagnostic. Therefore, it is this reviewer's opinion that the service in dispute X is medically necessary and certified while the X is not medically necessary and non-certified. The prior denial for X only are overturned.

Modified.

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

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☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE