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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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X sustained a workplace X. The diagnosis was concussion without loss of consciousness, initial encounter (X). X was seen by X, MD, via telemedicine on X for a neurological follow-up. X sustained a workplace accident on X. Following the injury, X reported a significant loss of strength in X right arm, which made daily activities such as cooking, opening drawers, and lifting objects increasingly difficult. In addition, X experienced severe headaches, particularly when rising quickly from a lying position, often accompanied by dizziness. These symptoms have limited X ability to participate in X. The headaches were on the side of X injury. They were associated with dizziness, vertigo, and nausea, but no vomiting. The symptoms could radiate frontally, and X stated they occurred X times per week. They were associated with photophobia, and phonophobia was less prominent. X described frequent nausea, especially when bending, cleaning, or getting up quickly, and noted that numbness in X arms at night disrupted X sleep. Finally, X reported good concentration overall, but noted episodes of forgetfulness, where X quickly loses track of tasks and must pause to recall what X was doing. These cognitive symptoms add to X frustration as X navigates X recovery. X reported an episode of altered mental status on X, and X was reported to have a seizure. On examination, X was alert and oriented to person, place, and time. Recent remote memory, attention, and concentration in order to be 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. The assessment included X. A X was recommended. Treatment to date included X. On X, X, MD, requested a X for X. The testing was medically necessary to evaluate persistent and debilitating symptoms following X work-related injury on X. Nearly X months' post-injury, X continued to experience a complex constellation of symptoms that had failed to resolve. A thorough neurological history and examination have been completed and documented. X ongoing clinical presentation included severe post-traumatic headaches occurring up to X times per week, significant dizziness, vertigo, and nausea that were triggered by movement. X had limited ability to participate in X. Most concerning were documented X. X reported memory loss and episodes of

forgetfulness where X loses track of tasks. X diagnoses included X. The persistence and severity of X somatic, vestibular, and cognitive symptoms require an X. The X diagnostic tool specifically designed for this purpose. It was not X. The results of this multi-modal assessment were essential to directly impact and guide the treatment plan. The specific goals for this testing were to objectively quantify deficits, guide targeted treatment, and establish a functional baseline. Denial of this service often incorrectly cites it as "X" or states that it would not alter the treatment plan. This was contrary to the evidence and explicit purpose for which this test was being ordered. The alternative or separate, unintegrated tests were insufficient to capture the interplay between the X. X had a documented work-related concussion with persistent, functionally limiting symptoms. Standard evaluation had been insufficient to fully characterize X impairments. The requested X was a medically necessary, evidence-based tool that would provide the objective data needed to formulate a specific, effective treatment plan and facilitate X recovery. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “In this case, the patient sees Dr. X. The patient has right arm weakness. The patient has headaches. There is neck pain. There is cognitive difficulty. Examination is not complete secondary to a telemedicine visit. The patient had X. Plan for ongoing care. However, there’s a lack of peer-reviewed literature demonstrating that X is standard of care. Therefore, the request for X is non-certified. “Per a reconsideration review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: “Based on the medical documentation and the ODG by MCG clinical guidelines, the request for appeal for the X is not medically necessary. The ODG by X. The patient’s persistent symptoms, such as headaches, dizziness, vertigo, nausea, cognitive impairment, and forgetfulness, are appropriately evaluated using X administered by a qualified clinician. ODG conditionally recommends this when X. In contrast, the X that lacks sufficient evidence to determine medical necessity under current guidelines. Therefore, the request for appeal: X is upheld and non-certified. “An appeal letter was documented on X by X, MD / unknown provider from X. It was documented that “This denial, and the appeal that upheld it, must be overturned. The URA’s review process has been X. X carries X. The explicit purpose of the requested X is to objectively quantify these X, as clearly stated in my progress note. The initial denial by Dr. X on X was based on the claim: ‘Examination is not complete secondary to a telemedicine visit’. • Fact: This is

factually incorrect. My X progress note, which was included in the review packet, explicitly states: 'The patient was evaluated at our clinical facility. An MA was present to assist with the encounter, assisting with X. The appeal reviewer, Dr. X, X. The appeal denial by Dr X rests on the assertion that this is an 'X. This is incorrect. Both reviewers incorrectly analyze the X as if they were ordered as standalone diagnostics for eye or ear problems. Fact: This is a gross misapplication of guidelines. The X is an integrated system. It does not X. It uses these X" Furthermore, the URA's denial was based on a factual error, a direct contradiction of the reviewer's own cited ODG guidelines, and a refusal to acknowledge both the FDA-cleared status of this test and the supporting peer-reviewed evidence. X had documented, persistent X. This test was medically necessary to quantify X deficits and, as stated in the medical record, to directly guide X treatment plan. They respectfully but firmly requested an immediate reversal of this adverse determination and the approval of the X assessment as requested. The claimant is a X who sustained a head and neck injury on X after X. Despite ongoing X, X reports continued disequilibrium, headaches with photophobia, and intermittent memory lapses suggestive of post-concussion syndrome with cognitive sequelae. Objective findings include X. Based on these findings, the claimant meets clinical indications for the X. Therefore, it is this reviewer's opinion that medical necessity is established for the services in dispute: X is medically necessary and certified.

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

The claimant is a X who sustained a head and neck injury on X after X. Despite ongoing X, X reports continued disequilibrium, headaches with photophobia, and intermittent memory lapses suggestive of post-concussion syndrome with cognitive sequelae. Objective findings include X. Based on these findings, the claimant meets clinical indications for the X. Therefore, it is this reviewer's opinion that medical necessity is established for the services in dispute: X is medically necessary and certified.

Certified

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **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**
- ☐ **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)**