DANE STREET

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Notice of Independent Review Decision

IRO reviewer report

X

IRO case number: X

Description of the service 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:

Upheld

Information provided to the IRO for review:

X

Patient clinical history [Summary]: All of the listed records were reviewed.

The member is a X individual who sustained an injury on X. The member works as a X.

The member was diagnosed with a strain of the neck muscles, fascia, and tendons at the neck level, initial encounter; radiculopathy, site unspecified.

Initial cervical spine X-rays on X revealed X. Magnetic resonance imaging (MRI) of the cervical spine without contrast on X demonstrated X. Physical examination revealed X. The member has been diagnosed with cervical radiculopathy, cervical spondylosis, neck pain, and strain of neck muscles. Conservative treatment included X. Despite treatment, the member reported minimal improvement with persistent pain rated X, constant numbness and tingling in the left arm and fingers, and continued weakness with X strength in X to X myotomes on the left. Work restrictions were implemented, limiting lifting and carrying to X pounds and a maximum of X hours of pushing and pulling, though the member continued to perform physically demanding tasks as a X.

Upheld

Analysis and explanation of the decision include clinical basis, findings, and conclusions used to support the decision:

In this case, the member sustained a work-related injury on X. Imaging studies demonstrated X. Physical examination documented X. The member continues to report persistent neck pain rated up to X with associated left arm numbness, tingling, and weakness despite X. Although the member does not currently X. The member currently X. The ODG guidelines recommend considering X. ODG guidelines requirements also note that the member should be X. This member does not have X. Although the member is not a X. The member does not meet the criteria established by ODG guidelines for consideration of an X. The member should be X. The request for X is not medically necessary, as the member does not meet all ODG criteria due to ongoing X. The request for X is not medically necessary, as it is an X associated with the proposed non-certified surgical procedure. The request for X is not medically necessary, as it is X with the proposed non-certified surgery. Based on the medical records provided for the review, the request for X is not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG by MCG