Independent Resolutions Inc.
An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (682) 238-4977
Fax: (888) 299-0415
Email: @independentresolutions.com

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

Independent Resolutions Inc.

Notice of Independent Review Decision

Case Number: X Date of Notice: X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured at work on X, when X was moving X. The diagnosis was chronic neck pain syndrome with right cervical radiculitis following work injury; cervical disc disruption with protruding disc X associated with chronic neck pain syndrome with right cervical radiculitis following work injury; and myofascial pain syndrome with persistent neck pain, shoulder with difficulty in range of motion associated with chronic neck pain syndrome with right cervical radiculitis following work injury and cervical disc disruption with protruding disc X associated with chronic neck pain syndrome with right cervical radiculitis following work injury.

On X, X was evaluated by X, DO. X continued with marked right neck, shoulder and arm and hand pain associated with numbness and tingling into the right hand associated with X injury. X was citing X had X. X was X. As a result, X wanted to proceed X. Due to X dependance on both X and X, X would X. X was X status and it was standard of care in X. As a result, Dr. X was going to resubmit. X had to bring X back in. As a result of the denial of care, the healthcare cost had been raised, but more importantly X continued to have neck pain and suffering as a direct result of X work injury on X. X had already X. Dr. X explained X should discuss with X family physician, the appropriate X. X may take these. X needed to be off all X. That day, Dr. X was going to go ahead and resubmit for a X as X was reporting pain anywhere from X on a daily basis in the distribution previously described. X PMP was X. X had shown X. X was bright, educated, and wanted to proceed with this as soon as possible. X did show X. Per the initial evaluation by Dr. X on X, examination showed X was in moderate distress due to the chief complaint of chronic persistent severe neck, right shoulder, arm and hand pain associated with numbness, weakness and tingling into the ring finger of X right hand all following a work injury on X. The neck was supple with decreased right rotation X degrees, left rotation X degrees. Neuromusculoskeletal examination showed X was able to

bring X chin within X inch of chest with reproduction of neck pain. X did have a direct interspinous tenderness at X. X right trapezius muscle was maximally tender and in spasm as compared to the unaffected limb. X did extend into the cervical and upper thoracic area. Spurling testing was X for impulse pain into the right shoulder.

An MRI of the cervical spine dated X, identified straightening of the expected degree of cervical lordotic curvature, most likely related to muscular spasm, strain, and/or pain. Discogenic changes were present with disc bulges and protrusions, most pronounced at X and X. At X, a X. There was moderate left and mild right X. At X, a broad X-mm disc protrusion was present with X. There was mild-to-moderate X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Regarding initial X, the Official Disability Guidelines conditionally recommend X when radicular pain is present, imaging correlates with symptoms, functional impairment is documented, at least X, and the procedure is X. The guideline further specifies that X is not recommended. Based on submitted documentation, the request is not warranted. In this case, the injured worker reported chronic neck pain with right cervical radicular symptoms including numbness and tingling into the right upper extremity. MRI dated X showed disc protrusion at X with X. Functional impairment affecting work and ADLs was documented. The injured worker completed more than X. These findings met several guideline elements. However, the request included X. The Official Disability Guidelines do not recommend X. Although the request specified X, the documentation did not clearly establish that the X would remain within X. Additionally, the requested level was X, while the documented symptomatic and imaging correlation was primarily at X. The provider planned to use X. This X was not supported. The guidelines were not met, and the request was not medically necessary. No guideline based X was supported. Therefore, the request for X is

noncertified."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "The prior request for X was noncertified in review X on X due to X. Upon review of the submitted records; it appears that the prior non-certification for X is appropriate. The Official Disability Guidelines criteria require that imaging findings correlate with the injured workers symptoms and the X, and that X. In this case, although they exhibited cervical radicular symptoms and had X, the primary pathology was identified at X with corresponding clinical findings, while the requested X. Hence, the request did not meet the key ODG criteria regarding X, supporting the request as not medically necessary. Additionally, the guideline recommends that X be performed with X; however, because the X request was non-certified, the associated request for X is also not medically necessary, along with the requested X. Therefore, the appeal request for X is non-certified."

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

There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The current evidence-based guidelines (ODG) do not support X is not supported. The submitted clinical records note only that the patient, "does express some anxiety." There is no documentation of X. There does not appear to be significant X on imaging. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld.

Upheld

Independent Resolutions Inc.

Notice of Independent Review Decision

Case Number: X

Date of Notice: X

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