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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained work-related injuries on X. X reported that X. X fell backwards, hitting X. X then landed on X left side on the ground. The X also struck X face, causing bleeding from the mouth. There was no loss of consciousness. The diagnosis was concussion without loss of consciousness, initial encounter; post-traumatic headache, unspecified, not intractable; other disturbances of skin sensation; postconcussional syndrome; and thrombocytopenia, unspecified.

On X, X presented to X, NP X, MD, via telehealth for a follow-up related to X work-related injuries when neurology consultation diagnosed X with cervical sprain, cervical disc herniation, and concussion with no loss of consciousness. Since the accident, X had experienced daily headaches lasting all day, rated X, located at the base of the skull, and throbbing in nature. Alleviating factors included resting in a quiet, dark place. Aggravating factors were neck pain. There was no visual aura, history of migraines, tension headaches, or cluster headaches prior to the accident. X had received a X. On X, X had discontinued both X. At the time, headaches occurred daily and were located at the base of the skull and rated X. X reported memory and concentration deficits and stated X often went blank during conversations. X was pending X. X continued to complain of anxiety, depressed mood, and increased irritability. X was seeing a X, as X preferred not to take medication. Vestibular complaints included loss of balance and dizziness occurring with and without headaches. X felt unsteady as though X was about to fall. X also complained of tinnitus, occurring with and without headaches, mostly at night. X was seen by X prior and reported that recommended testing was denied. X also reported persisting blurry vision occurring with and without headaches and difficulty sleeping due to pain and tinnitus that woke X at night. X also reported pain in the neck, lower back, left upper extremity, and face and nosebleed. X was X. No examination findings were documented as this was a telehealth encounter. MRI was reviewed and discussed with X. The assessment was concussion without loss of consciousness, initial encounter; post-traumatic headache, unspecified, not intractable; other disturbances of skin sensation; postconcussional syndrome;

and thrombocytopenia, unspecified. The most recent clinical evaluation available, dated X, revealed on X. Cranial nerve examination revealed X. Motor examination showed X.

Per the progress note dated X, an MRI of the brain dated X, identified 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: “The request is not warranted based on the submitted documentation. A prior affiliated review noted non-certification of X on X under review X. The Official Disability Guidelines stated that X is generally recommended as X but is not recommended for claimants with concussion or mild traumatic brain injury or for headache as part of routine evaluation or management. X is a diagnostic procedure that X. X is not generally indicated in the immediate evaluation or treatment period following head injury and is not recommended in the initial workup of acute or mild traumatic brain injury, but may be considered for X. X is not recommended for claimants with concussion or mild traumatic brain injury or for the evaluation of headache, as X. Specialty guidelines do not include X in the X. Likewise, X is not recommended for headache evaluation due to X. In this case, the claimant sustained an injury X. They were on a X. They noted continued to experience loss of balance, dizziness, unsteadiness, tinnitus, blurry vision with headaches, sleep disturbance from pain and tinnitus, and pain in the neck, lower back, left arm, and face. Examination findings were consistent with a concussion without loss of consciousness, with post traumatic and likely cervicogenic headaches, scalp dysesthesia, and post concussive symptoms. Despite the request, it is not supported by the established guidelines for concussion, mild traumatic brain injury, or headache, all of which were present in this case. X is not recommended for these conditions because it does not X. X is designed to X. Headache related complaints are specifically identified in the guidelines as conditions for which X offers no X. The claimant’s presentation is consistent with post concussive and cervicogenic processes, for which X provides no clinical advantage. As such, the request is not warranted and remains consistent with the prior review. Given this, the request for X is also non-certified as the X is not warranted. Therefore, the prospective request for X is noncertified.”

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, DO. No proper rationale was provided. The rationale provided indicated: “The above decision is being copied to you as the provider of goods or services, as identified in the request for authorization or by the claims administrator, as a courtesy for your records. If you require further information regarding the rationale used for the decision, please contact the requesting physician directly.”

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

The claimant sustained a work-related injury on X after X and striking X head, neck, and back. X denied loss of consciousness. Subsequent evaluations documented persistent post-traumatic headaches, memory and concentration complaints, dizziness, tinnitus, blurry vision, anxiety, depression, and sleep disturbance. Neurological examinations consistently demonstrated the claimant to be awake, alert, and oriented with fluent speech, no focal cranial nerve deficits, no nystagmus, no focal cerebellar findings, negative Romberg testing, and no documented seizure activity, episodes of loss of consciousness, staring spells, unexplained altered awareness, or other symptoms suggestive of epilepsy. The treating neurologist diagnosed post-traumatic headaches, memory impairment, and mood disorder and recommended a routine X. However, the records do not document clinical findings indicating suspected seizure disorder. The current evidence-based guidelines indicate that X is primarily indicated for X. Routine X is not recommended as X. The X and the X note that X has limited X. The provided records do not provide additional objective evidence demonstrating seizures or seizure-like events that would alter the prior rationale. The claimant’s symptoms remain consistent with post-traumatic headache syndrome and post-concussive complaints, but the neurological examinations remain largely non-focal and there is no documented indication that X findings would be expected to change management. Therefore, medical necessity is not established for the service in dispute: X and the previous denials are upheld.

Upheld.

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