

IRO Certificate No: X

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a X-year-old (DOB: X) X with a workers' compensation claim stemming from a X on X, managed under X. X current diagnoses include

cervical spondylosis, chronic neck pain, cervical myofascial pain syndrome, and other chronic pain. Relevant comorbidities include a history of X. X also has a history of X.

X treating physician, Dr. X, MD of X, submitted a request for X treatments: a X. On a follow-up office visit dated X, the claimant reported X neck pain with occasional numbness and tingling to the left shoulder area and headaches, with no abnormal findings noted on physical exam.

X issued an initial non-certification decision on X for both requested treatments. The X was denied because the Official Disability Guidelines do not address X. The X request was denied because, while guidelines X.

Following a peer-to-peer call with Dr. X on X, a reconsideration review was completed and both denials were upheld on X. The reviewer noted that X. The reviewing physicians were Dr. X, MD (initial review) and Dr. X, MD (reconsideration), both specialists in X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND

CONCLUSIONS USED TO SUPPORT THE DECISION: The patient's treating provider, Dr. X, MD, recommends the X. While the treating physician's recommendation is acknowledged, a physician recommendation alone is not sufficient to establish medical necessity under the applicable guidelines. The Official Disability Guidelines and MCG Health guidelines do not support the use of X. The guidelines note that the current role of this technology remains uncertain, and that there are presently no established clinical indications for its use based on the existing evidence. The treating provider's recommendation does not override the evidentiary standard required by the guidelines, and no peer-reviewed clinical evidence was submitted with the appeal to contradict the guideline findings.

The patient reports having previously used a X. However, self-reported symptomatic relief does not constitute objective clinical evidence sufficient to establish medical necessity for the purchase of X. The guidelines require objective clinical documentation to support the request, including measurable functional gains and objective findings on examination. In this case, the physical examination performed by Dr. X on X noted X. The absence of significant objective clinical findings on examination undermines the clinical basis for this request, regardless of the claimant's subjective report of prior benefit.

The patient is now X post-injury and has a history of X performed in X, placing X in a post-surgical status. While it is recognized that the patient's condition is chronic and longstanding, chronicity of a condition does not independently satisfy the clinical criteria required under the applicable guidelines for approval of a X. The MCG guidelines do not address X within the context of post-surgical cervical spine management, and no guideline exception or alternative clinical pathway was identified that would support approval of this X in the post-surgical setting based on the records provided.

Throughout both the initial review and reconsideration, a consistent and significant deficiency in the medical record has been the absence of objective clinical findings to support the requested treatment. The physical examination conducted on X revealed no X. X were submitted with either the initial request or the reconsideration appeal that would document the clinical severity of the claimant's condition or establish a measurable functional deficit amenable to treatment with a X. Without objective clinical findings to substantiate the request, medical necessity cannot be established under the applicable guidelines.

During the peer-to-peer conversation held with Dr. X on X, X were identified that would justify a deviation from the applicable guidelines. The records submitted in support of the reconsideration did not include new objective clinical documentation, updated diagnostic findings, or evidence of a substantial change in the patient's medical condition that had not been previously considered. In the absence of such documentation, there is no clinical basis to deviate from the guideline determination, and the denial is appropriately upheld.

The denial of the X is upheld following reconsideration. The applicable clinical guidelines do not support the use of this X for the patient's diagnosis and clinical presentation. The evidence base for X is insufficient, conflicting, and non-supportive of routine clinical use. No objective clinical findings were documented to establish medical necessity, no measurable functional gains from prior treatment were provided, and no X were identified during the peer-to-peer review to justify deviation from the guidelines. The treating physician's recommendation and the patient's subjective report of prior benefit, while noted, are insufficient in isolation to satisfy the evidentiary standard required for approval under the applicable guidelines. Medical necessity has not been established, and the request remains non-certified.

To establish medical necessity and support approval of X for this patient, the treating provider should submit the following documentation: a X. Upon receipt and review of this documentation, a determination of medical necessity could be made with greater clinical confidence and in full accordance with the applicable guideline standards.

SOURCE OF REVIEW CRITERIA:

- ACOEM – American College of Occupational & Environmental Medicine UM Knowledgebase
- 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
- ODG- Official Disability Guidelines & Treatment 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)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be: X



- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN R
HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X**