INTERQUAL® CARE PLANNING CRITERIA
BIBLIOGRAPHY: Specialty Referral- Neurologic Disorders 2017
McKesson Clinical Evidence Classification

References cited in the clinical content are classified according to the type of evidence presented. The class ratings, I through V, are intended to provide a classification of the evidence but are not necessarily hierarchical. Classifications appear in parentheses at the end of each reference. References followed by an (NC) are not classified; examples include pre-published research or information from government, manufacturer, laboratory, or patient education websites.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Type of Evidence</th>
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<tr>
<td>Class I</td>
<td>Meta-analysis, technology assessment, or systematic review</td>
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<td>Class II</td>
<td>Randomized controlled trial</td>
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<td>Class III</td>
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<td>Evidence-based guideline</td>
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<td>Expert opinion, panel consensus, literature review, text or reference book, descriptive study, case report, or case series</td>
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**Class I**
Class I sources synthesize the results of multiple studies. When quantitative synthesis is possible, meta-analyses can provide a more accurate estimate of the effect or association size than individual smaller studies can. A Class I study that finds insufficient evidence to support or refute an intervention (due to a lack of appropriate primary research) is inconclusive. A potential weakness of Class I studies is that they may only assess published research, potentially leaving their findings vulnerable to publication bias.

**Class II**
A randomized controlled trial (RCT) is an experimental study design in which subjects are randomly assigned to an intervention or a control group. An RCT is the gold standard for testing cause and effect relationships. Intention-to-treat analysis should be performed to account for missing data points.

**Class III**
Observational or epidemiologic studies can suggest an association between events or findings. These associations cannot be used to establish causality. Cross-sectional, cohort, and case-control studies are all used to identify possible risk factors. Cross-sectional studies are also used to determine the prevalence of a condition. Cohort studies are used to study incidence, the natural history of a condition, prognosis after a specific exposure, and associated harms. Nonrandomized controlled trials are sometimes used when randomization is impossible or unethical.

**Class IV**
Evidence-based guidelines are systematically developed recommendations for clinical practice. Evidence-based guidelines identify the methodology used to gather the evidence on which the recommendations are based. Usually, a grading system for both the quality of the evidence and the strength of the recommendations is provided. Guidelines that are evidence-based may also contain consensus recommendations in areas where evidence is lacking, but these recommendations are clearly identified and appropriately graded.

**Class V**
Class V references may be the best information in the absence of other evidence. Expert opinion, panel consensus, literature reviews, and descriptive studies (case reports or case series) are subject to significant bias. A case series with comparison to historical controls can be plagued with missing data, and data extraction inconsistencies are common. The use of historical controls does not address how the diagnosis of disease or its treatment has evolved over time with newer technologies or medication. Text book information may be out of date by the time the book is published.
Comparative Effectiveness Research (CER)

Citations are designated with the CER label as part of the evidence classification if the article cited is one of the following:

1. A clinical trial or other clinical study that directly compares two or more health care interventions for the same clinical scenario.
2. A systematic review that compares two or more health care interventions by synthesizing the research from previous clinical studies.

Bibliography


American College of Radiology (ACR). ACR Appropriateness Criteria: Focal Neurologic Deficit. Reston (VA): American College of Radiology; 2012 (IV)


INTERQUAL® CARE PLANNING CRITERIA Bibliography: Specialty Referral- Neurologic Disorders 2017

Banzi et al. Selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) for the prevention of tension-type headache in adults. Cochrane Database Syst Rev 2015. 5:CD011681. (I)


Beithon J. Diagnosis and Treatment of Headache Health Care Guideline. Bloomington: Institute for Clinical Systems Improvement (ICSI); 2013. (IV)


Blaes. Diagnosis and therapeutic options for peripheral vasculitic neuropathy. Ther Adv Musculoskelet Dis 2015. 7(2):45-55. (V)


Clarke. Leptomeningeal metastasis from systemic cancer. Continuum (Minneap Minn) 2012. 18(2):328-42. (V)


Craig. Entrapment neuropathies of the lower extremity. PM R 2013. 5(5 Suppl):S31-40. (V)


Dougherty and Silberstein. Providing Care for Patients with Chronic Migraine: Diagnosis, Treatment, and Management. Pain Pract 2014. (V)


Files et al. Multiple sclerosis. Prim Care 2015. 42(2):159-75. (V)


Gacek. A perspective on recurrent vertigo. ORL J Otorhinolaryngol Relat Spec 2013. 75(2):91-107. (V)


Haag et al. Self-medication of migraine and tension-type headache: summary of the evidence-based recommendations of the Deutsche Migrane und Kopfschmerzgesellschaft (DMKG), the Deutsche Gesellschaft fur Neurologie (DGN), the Osterreichische Kopfschmerzgesellschaft (OKSG) and the Schweizerische Kopfwehgesellschaft (SKG). J Headache Pain 2011. 12(2):201-17. (IV)


Harden et al. Validation of proposed diagnostic criteria (the "Budapest Criteria") for Complex Regional Pain Syndrome. Pain 2010. 150(2):268-74. (III)


Hirt. Progression Rate and Ipsilateral Neurological Events in Asymptomatic Carotid Stenosis. Stroke 2011. (III)


Huisstede et al. Carpal tunnel syndrome: hand surgeons, hand therapists, and physical medicine and rehabilitation physicians agree on a multidisciplinary treatment guideline-results from the European HANDGUIDE Study. Arch Phys Med Rehabil 2014. 95(12):2253-63. (V)


Kroonen. Cubital tunnel syndrome. The Orthopedic clinics of North America 2012. 43(4):475-86. (V)


Kwan et al. Definition of drug resistant epilepsy: consensus proposal by the ad hoc Task Force of the ILAE Commission on Therapeutic Strategies. Epilepsia 2010. 51(6):1069-77. (V)

Lavi et al. Lumbar puncture: it is time to change the needle. Eur Neurol 2010. 64(2):108-13. (V)


Lipton et al. Ineffective acute treatment of episodic migraine is associated with new-onset chronic migraine. Neurology 2015. 84(7):688-95. (III)


Maurer. Screening for depression. Am Fam Physician 2012. 85(2):139-44. (V)


Nakamura et al. Longitudinal Follow-up of a Cohort of Patients with Incidental Abnormal Magnetic Resonance Imaging Findings at Presentation and Their Risk of Developing Multiple Sclerosis. Int J MS Care 2014. 16(3):111-5. (III)


Noe. Seizures: diagnosis and management in the outpatient setting. Semin Neurol 2011. 31(1):54-64. (V)


Page et al. Exercise and mobilisation interventions for carpal tunnel syndrome. Cochrane database of systematic reviews 2012. 6:CD009899. (I)

Page et al. Splinting for carpal tunnel syndrome. Cochrane database of systematic reviews 2012. 7:CD010003. (I)


Pereira et al. Imbalance between thyroid hormones and the dopaminergic system might be central to the pathophysiology of restless legs syndrome: a hypothesis. Clinics (Sao Paulo) 2010. 65(5):548-54. (V)


Perry et al. Is the combination of negative computed tomography result and negative lumbar puncture result sufficient to rule out subarachnoid hemorrhage? Ann Emerg Med 2008. 51(6):707-713. (III)


Phan et al. Recent advances in the management of transient ischaemic attack: a clinical review. Intern Med J 2013. 43(4):353-60. (V)


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Wilt et al. 2012. (I CER)