14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

Amended and Sent on 8/27/2019

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	X
XX XX XX Services Utilization Review Determination	X
XX XX XX Visit Notes	X
XX Imaging MRI Report	

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X. No op note is available for specific details on the state of X at the time of the surgery. X has had 3 prior surgeries on this X. X initially did ok after surgery but reported return of symptoms about X weeks after surgery after working out. According to the clinic note of X X has continued X. X feels there is something X. X has been treated with X but had recurrence of symptoms without improvement. X has continued X which

makes it worse. X exam at this time demonstrated an X, X degrees, X at both the X, and X. X has had an MRI since X symptoms recurred which was done on X. This showed intense X in the X, findings consistent with prior X with likely X, intact X, age advanced X, moderate X, and a moderate X. The request at this point is for a X with X.

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

Per ODG references, the requested "X, Possible X" is not medically necessary. The patient has evidence of fairly advanced X in the X by imaging without objective evidence on MRI of a X since X surgery. The patient does have symptomatic complaint of feeling like something is X and mechanical symptoms along with X but with X noted on imaging these symptoms certainly can be related to X and X. Per ODG guidelines, doing a X for X is not recommended and unlikely to be of benefit, and with no objective evidence of X there is not good indication for a X repeat. Also, per the available documentation X has had X but there is not documentation that X options directed at the X have been tried as attempts at conservative treatment beyond what X has done thus far. For these reasons, the current request is not certified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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- [ ] ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE KNOWLEDGE BASE
- [ ] AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- [ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- [ ] MILLIMAN CARE GUIDELINES
- [x] ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- [ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- [ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- [ ] TEXAS TACADA GUIDELINES
- [ ] TMF SCREENING CRITERIA MANUAL

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☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

FOCUSED GUIDELINES