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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: MRI X
X: Operative Report
X: Peer Review, X Associates
X: Office Visit X, D.C.
X: New Patient Encounter, X MD
X: Procedure Note, X Approach, X, MD
X: Establish Patient Encounter X, MD
X: UR, X, DO
X: UR, X, DO

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a X who was at work on X when X suddenly X. This precipitated the acute onset of X pain. X was taken to X hospital for pain control and a work-up. This included an MRI scan that showed an X. X was treated conservatively with X. After X continuous X pain, X ended up having an X.

X: MRI X. Impression- 1. X 2.X.

X: Operative Report X. Preoperative Diagnosis- X pain.
X: Office Visit with Dr. X. X appears today for f/u visit with c/o X pain with X pain. Pain is X in nature. Pain is X. Pain is alleviated with X. X is reported to aggravate X pain. On exam, X reveals X. X also noted in the X and X. X of X on motion X. X is limited secondary to pain X. X is positive X pain. Positive X test. Recommend X continue with X program. Continue medications. Follow-up X weeks.

X: X Encounter, Dr X. X pain radiating down to X. Pain X. Exam- X. X with X. X: X degrees; X. Unable to perform X. New Meds- X. Request X.

X: X Encounter, Dr. X. Post op X with a pain relief of X. Pain is X. Pain both sides of X. X. X: X degrees. X with full X. X. X. X, X. X, decreased X. Unable to perform X. Request #2 X.

X: UR by Dr. X. Rationale- Per ODG, X can be repeated if they were found to produce pain relief of at least X for at least X weeks. On X, claimant received X. X presented on X with c/o X pain with X. Examination revealed X. There was X, X. X was X degrees. There was X. X reported the X provided X relief. However, the claimant was seen less that X days after the X. There is no indication the X provided relief for at least X weeks. Not approved.

X: F/U Dr. X. X pain. Requesting medication refills. Pain is X. C/o X.

X: UR by Dr. X. Rationale- Though the claimant has a X pain with X symptoms and previously had a X, it was documented that the claimant had the procedure on X. On f/u on X, another X was planned. Per the guidelines, "X phase: If after the initial X are given and found to produce pain relief of at least X pain relief for at least X weeks, additional X may be supported." As such, not medically necessary.

X: F/U Dr. X. X would like to discuss treatment and get X approved. Pain today is X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse decisions are X. Based on the records submitted and peer-reviewed guidelines, this request is not medically necessary. Though the claimant has a history of X pain with X and previously had a X, it was documented that the claimant had the procedure on X. On f/u on X, another X was planned. Per the guidelines, "X phase: If after the initial X are given and found to produce pain relief of at least X pain relief for at least X weeks, additional X may be supported." As such, the request for X is considered not

medically necessary.

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

☐ 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)