



Specialty Independent Review Organization

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**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Records were received and reviewed from the following parties: The X

These records consist of the following (duplicate records are only listed from one source): Records reviewed from the X:

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- Pre-Authorization Request Form-X
- Encounters and Procedures-X
- Chart Notes-X

The X:

- Notice of Adverse Determination-X
- Notice of Adverse Appeal Determination-X

Records reviewed from X:

X:

- Chart Notes-X

DWC73s

X Hospital:

- MRI Report-X

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a X. The mechanism of injury is detailed as A X. The patient's diagnoses are documented as a X region. The patient's X include BMI of X. The patient has prior treatment including X approximately X. On X, the patient presented for follow-up regarding X pain. The patient's medications included X. The patient reported X pain,

radiation of pain to the X, described as X. Physical exam demonstrated pain X in and X. There is X over the X the patient had complaints of progression in the X pain, X into X XX. A X x-ray report from X demonstrated no evidence of X. The patient was noted to have possibly developed X. The treatment recommendation included a X for diagnostic and therapeutic purposes. The current request is for X.

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

Per evidence-based guidelines and the records submitted, this request is X. Regarding the requested X, patient presents with X due to pain symptoms, as well as X over the X. The patient reported progression of X pain, with X to the X. The patient is recommended for a X for diagnostic and therapeutic purposes. However, evidence-based guidelines do not recommend the requested X for this patient's condition. There are no extenuating circumstances to support the use outside of guideline recommendations. Therefore, the request for X is not medically necessary.

Official Disability Guidelines - Treatment for Worker's Compensation, Online Edition: X:

X, not recommended as there is no high-quality evidence to support use of this treatment.

X can frustrate patients and significantly impair quality of life and X have been suggested. The X is a solitary X at the level of X that provides the X supply to the X structures. It is suggested that X pain can be managed X. A X maybe technically feasible and safe technique. X is not a routinely used anesthetic and analgesic procedure in clinical practice. Further clinical studies are required to establish the safety

and efficiency of this technique. (Oh, 2004) (Toshniwal, 2007) (Sagir, 2011).

**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 JUDGEMENT, CLINICAL  
EXPERIENCE, AND EXPERTISE IN ACCORDANCE  
WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE  
GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES &  
TREATMENT GUIDELINES**

- PRESSLEY 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)**