

# MEDRx

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

Records were received and reviewed from the following parties:

X, Inc  
Dr. X

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

Dr. x

X Associates, clinical records of evaluation and treatment, X,  
multiple dates,

Physical Therapy Evaluation/Reevaluation notes, X, multiple  
dates,

Physical Medicine Therapeutic Notes, X

X Imaging, CT X, X

X Imaging, CT X, X

X XX Center, XX report X, X

X Associates, EMG/NCV X, X

X XX Center, XX report X, X

X, Inc

Determination Letter, X

Peer Review

Determination Letter, X

Peer Review

Authorization Request, X Medical, X  
RX & Letter of Medical Necessity, X  
X-XX information  
X Tx Pre-authorization request X

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant was injured when X was working using a X. The XX XX, causing X XX XX to contact the XX XX. X had diagnostic studies and two subsequent surgeries. X continues to have X pain. X pain is managed by a pain doctor who has prescribed XX XX including X for the pain. X operating surgeon has requested a X to treat the X pain. X last examination by Dr. X at X Associates on X reported normal sensation and circulation in the X and X, no X, induration or color change, no abnormal temperature change, and good grip strength. The CT of the X showed good healing of the X with no X.

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

X is not medically necessary and is not certified.

ODG recommendations for X unit for X pain are as follows:

Not recommended, except as an option for treatment of X when applied in combination with X.

*Evidence Summary*

X have little scientifically proven efficacy, especially for X , X or X symptoms, but even so, continue to be commonly used in X.

(Milliman, 1998) Conflicting effects have been reported of X on pain outcomes in patients with X. X might be beneficial for reducing pain intensity and improving muscle power scores over X, while conversely, Conventional X resulted in no clinical benefit compared

with X. Not all patients tolerate X, which is reported to be uncomfortable. (Brosseau-Cochrane, 2003)

There could be some potential benefit for patients suffering from X. (Cheing, 2005) One controlled trial of short-term XX XX in conjunction with XX exercises suggested slightly improved XX function in a X group compared to X, but the authors did not advise X use beyond X weeks unless signs of objective progress towards functional restoration were clearly demonstrated. This claimant has no objective physical findings of XX, and X has had excellent healing of the surgery. There are no objective physical findings that are consistent with the subjective complaints of severe pain. Therefore, X is 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**
- 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**
- 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**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**