

MEDRx

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
X representing X Company

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

X and multiple dates, X XX XX, clinical records of evaluation and treatment including physical therapy records

X, X MRI, MRI of the X

X and multiple dates, Dr. X, clinical records of evaluation and treatment

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant was injured when a X, injuring the posterior aspect of the X. X went to an ER in X where X. X then went to X. An MRI of the X noted a X that measured X of the normal X. There was no associated X. The defect was X.

On X, Dr. X at X noted X and X over the X with healing of the X. There was no X. X was referred for X. After attending X sessions of therapy, X was examined on X by orthopedic surgeon, Dr. X. The

doctor noted a X, and he recommended X. X had pain with resisted X. X was X and the surgery was delayed.

On X Dr. X noted X with pain and X of X degrees. Previous therapy notes had indicated X. The doctor also noted the painful X. X had delivered X, and the doctor now recommended surgery.

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

The requested X, X, is not medically necessary and is noncertified.

ODG recommendations for X are as follows:

Recommended for chronic X, failing conservative treatment. Simple X is usually performed. With documented X and X is also a recommended procedure.

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)**