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

X– Physician Notes-X, MD  
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X– URA Determination-X XX XX XX  
X– Physician Appeal Letter-X, MD  
X– URA Appeal Notification-X XX XX XX  
X– URA Re-Determination-X XX XX XX  
X– Radiology Report-X, MD

**PATIENT CLINICAL HISTORY [SUMMARY]:** This patient is a X who is being followed for X pain with X pain, X but not to the X. X continues to have X, X. X is X and an X. X has resultant X from X X level X. X provider is requesting X.

X– Physician Notes-X, MD: Follow up: X: This pt is being followed for X pain with X pain, X but not to the X. X continues to have X, X. X is X. X was re-injured in X and underwent X. X had X in the past but this irritated X too much so X had it removed. X continues to take X. This unfortunately gives X X. X has taken X as well as X for years for X. X likely has X complicating the X as it is getting severe. X continues to work well for X. X has tried all of the X which help a little bit but only with elimination, X continues to be X. X continues to take X daily, X for flare ups of X. X continues to take X which make X X if X takes more than one or two a day. X has known X, X on X last X. X has marked X, primarily due to X. X also has X weakness, which is a relatively new finding. X makes X severely X. Pt responds well to X. X has only been taking one a day as they have not been sending X

refills but X also has not called in for any. X denies any X, other than X. X occasionally requires a X for flare ups of pain. This allows X to perform ADLs. X continues X program. X takes X when X has enough medication. Impression: 1) X; 2) X by Dr. XX in X and redo X by Dr. X with X in the past; 3) Severe X induced X secondary to X; 4) Probable painful X) Worsening of X. Plan: We will await X x-rays before making any further decisions. We will obtain random X screen today.

X– Physician Notes-X, MD: Chart Note: X x-rays X dated X are reviewed. There are X. There is a X.

X – Physician Notes-X, MD: Follow up: X: This pt is being followed for X pain, X but not to X. X continues to have X. X is X. X was re-injured in X and underwent an X. X had X in the past but this irritated X too much so X had it removed. X continues to take X. This unfortunately gives X severe X. X has taken X as well as X for years for X. X likely has X complicating the X as it is getting severe. X continues to work well for X. X has tried all of the X which help a little bit but only with elimination, X continues to be X. X continues to take X daily, X for flare ups of X. X continues to take OTC X which make X X if X takes more than one or two a day. X has known X, X. X has marked severe X, primarily due to X. X also has X, which is a relatively new finding. X makes X severely X. Pt responds well to X. X has only been taking one a day as they have not been sending X refills but X also has not called in for any. X denies any X, other than X. X occasionally requires a X for flare ups of pain. This allows X to perform XX continues X X program. X takes X when X has enough medication. Today pt presents for review of X x-rays. Impression: 1) X; 2) X pain. Plan: Pt has failed on X exercises including. X is an excellent candidate for X as x-rays dated X revealed X. Pt will undergo these when approved by X insurance carrier. I will refill X X. X will notify for any changes. X agrees with plan of care.

X– URA Determination-X XX XX XX: Utilization review for X has been completed for the dates of service X. Your request was reviewed by a licensed practitioner in a health care specialty appropriate to review this treatment/service request and has rendered a non-certification decision. Decision/Clinical Rationale as stated in peer reviewer's report: Request: X with X non-authorized per peer reviewer. Explanation of Findings: The ODG discusses X, noting that such treatment is "under study" and that current evidence supporting this procedure

is conflicting. In this case, the medical records outline numerous competing pain X, including X as a primary diagnosis as well as a history of failed X with a prior X. Diagnosis or treatment of X pain would generally be a challenge in such a setting. Moreover, a rationale or indication for X as part of this procedure is not apparent. Overall given the complexity and especially the X of this injury dating, it does not appear that X X with X would likely be of meaningful or meaningfully prolonged benefit in this case. For these multiple reasons, this request at this time is not medically necessary.

X – Physician Appeal Letter-X , MD: To Whom it May Concern: This patient is being followed for X pain with X pain, X that radiates to the X but not to the X. X continues to have X, X. X is X and an X. X had a X in the past, but this irritated X too much and had to have it removed. X has known multiple X, X on X last X. X has X by physical examination as X had X. X is primarily tender over the X levels. X are very positive above the X. We have requested X as X has failed X including X, X program including X at those two levels. X already has X. X has X at that level. X has X level X. X has very positive X on X examination. As X failed X including X X program, X, and has not improved with this for the last several months, X are requested. Unfortunately, these have been denied. We are appealing this adverse determination as we are trying to limit the patient's amount of X, X and increase X and ability to perform X. The X is at unrelated levels therefore, this case would not necessarily apply. Therefore, we are appealing this adverse determination.

X– URA Appeal Notification-X XX XX XX: X has received a request for reconsideration (appeal) of an adverse utilization review determination related to X. The clinical documentation available at the time of the initial utilization review request and any additional information submitted with the request for reconsideration will be provided to the practitioner concluding the appeal review. Appealed Treatment/Service Request: X. Reconsideration Request Receipt Date: X. The appeal Peer Reviewer will contact you to afford an opportunity to provide additional documentation and/or participate in a peer-to-peer discussion of the treatment request. Please be prepared to submit the following documentation when contacted: 1) Diagnosis; 2) Treatment history and results; 3) Current clinical findings; 4) Diagnostic test results; 5) Clinical indication for requested treatment; 6) Anticipated outcome/benefit of

requested treatment.

X – URA Re-Determination-X XX XX XX: X has received a request for an appeal of a non-certification determination for health care services provided to X. A peer review practitioner in a health care specialty appropriate to perform an appeal review of this treatment/service request (X) has reviewed your appeal and has X the original non-certification determination. Decision/Clinical Rationale as stated in peer reviewer's report: Request: X non-authorized per peer reviewer post reconsideration. Explanation of Findings: Based on available information and the ODG, the requested X are not medically necessary. The following are the reasons for my recommendation for non-certification: Based on the records, the injured worker has X pain and has failed X such that the pain X are not clear. Also, on X the injured worker had X and X. The X level is X so it is not clear how that level could be a pain X. Then 2 months later, on X, the injured worker had pain over X and X. I asked X about the pain over a X level and the pain then moving to a different level. X stated X would have asked for X and X. Given this, the history of a X and failed X, the pain X remain unclear. Based on the guidelines, X are “under study” and current evidence supporting this procedure is conflicting. According to X, the injured worker had been seen in Dr. X office since X. X did not know if the injured worker had X prior to X. It would be helpful to know whether X has had such X in the past and the response. But given the X of the injured worker's pain, i.e. approximately X it is unlikely the X will provide meaningful benefit for a significant period. For these reasons, the request is not medically necessary.

X– Radiology Report-X, MD: Findings: These images show X in X. X space not visualized and may be X as well. X appears to be normal and maintained in X. The X are otherwise preserved. There is prominent X involving X. There is X. No X is identified. X are intact. Impression: 1) Post-X, in X. 2) X as described. 3)X.

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

The request for X is denied.

This patient underwent XX XX in XX, followed by XX fusion in XX. X has chronic XX XX pain with XX pain, XX greater than XX. The record indicates that X has worsening of X right XX XX. The XX XX radiology report indicated stable postoperative changes at XX. The XX disc XX was not visualized. XX XX was noted at XX.

The patient has failed pain medication, a XX XX XX, and a XX XX. The treating provider has recommended XX and XX XX blocks.

The Official Disability Guidelines (ODG) supports XX blocks for XX-mediated pain in patients with XX XX pain that is non-radicular.

This patient has XX, which does not satisfy criteria for XX blocks. X failed prior XX surgery (XX) and a XX XX XX. Given the chronicity and complexity of X XX condition, it is unlikely that the XX blocks will give X any significant pain relief.

The XX injections are not medically necessary for this patient.

#### **PER ODG:**

#### **ODG Criteria**

#### **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)**