

## IRO NOTICE OF DECISION

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

X– Physical Therapy Notes-X, DPT  
X– Physician Notes-X, MD  
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X– Physician Progress Notes-X, MD  
X– Physician Progress Notes-X, MD  
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X– Physician Progress Notes-X, MD  
X– URA Determination-X, MD  
X– Preauthorization Request Letter-X  
X– URA Re-Determination-X, MD

**PATIENT CLINICAL HISTORY [SUMMARY]:** X who presents with X pain at X and X levels X. X physician is requesting X.

X– Physical Therapy Notes-X, DPT: History/Subjective: Pt is a X who presents to X with X. Pt reports that X constantly has a X pain at X and X with X. Pt reports that X is a X and reports that X has had difficulty recently with work-related activities. Pt reports that X has had a previous X and had X levels X. Pt reports that after surgery, X felt much better, but as now started to have some X-like symptoms

down the X with X. Pt reports that X also has a pain X, which comes up through the X region. Pt reports that X also that X has had significant difficulty with X, also secondary to the constant pain in X. Pt also feels like X is X. Pt would like to return to previous level of pain-free functional X environment. Treatment Plan: Pt will be seen X times a week for approx. X weeks and at that time will be re-evaluated to determine if further PT is indicated. Pt will be prescribed personalized X exercise, X to address X current X, and facilitate the pt to return to previous level of pain-free, functional X. Pt will be prescribed a X as well as X to initiate and avoid.

X- Physician Notes-X, MD: Procedure Notes: X./Office follow up. Diagnoses: 1) X; 2) X; 3) X; 4) X. Procedure: X. Indications: Pt presents for X of the X conservative treatments. X did get excellent relief of X pain from X last X done X for about X months, until X pain slowly began to return. X is doing well with X current med regimen which helps control a significant amount of X pain, so X will be continued on those meds. X will also continue with PT and XX XX.

X- Physician Notes-X, MD: CC: X area pain. HPI: X returns for f/u last seen on X at which time X underwent X which X does feel at least X improvement from. X was doing X at PT that was helping, but it is no longer being approved by X WC. X continues to do well with X current X settings as well, however X has noticed that it has been taking about X hours to charge weekly. X does note that it gets hot while it is charging. X is still doing well with X helping with X pain without any side effects. X also continues with X which does help; X. Assessment: 1) X-Since X received very good pain relief from X last X, X will be pre-certified for repeat X to be done in mid X and we will X like the last procedure. 2) X -X will try to charge X X to see if that will help with the duration and so that it doesn't burn X with prolonged charging. 3) Chronic pain syndrome-Since X is doing well with X current meds I will continue X on X. 4) Post X region-Unchanged. Plan: As above, X will be pre-certified for repeat X. X will otherwise continue on X current meds and f/u in X months.

X- Physician Notes-X, MD: Diagnosis: 1) X; 2) X pain; 3) X; 4) X. Procedure: X of the X- Total X used: X units. Indications: Pt presents for X of the X after failing multiple conservative treatments. X did get excellent relief of X pain from X last X done X for about X months, until X pain slowly began to return. Since X WC denied the X, X

was started on X which has been doing well to control X pain without any significant side effects other than mild, intermittent X F/u in X months.

X- Physician Progress Notes-X, MD: CC: Follow up visit-X pain. HPI: X returns for f/u last seen X. X has been having significant discomfort since Monday morning. X is having increased X pain into the X area but no pain into the X. X pain does still limit X activities significantly and X is not able to X and is not able to X because of pain. X continues with the use of X, but it does not help X pain. Previously X has tried X; all of which did not help and caused side effects. Physical Exam: General: well developed, well nourished, in moderate discomfort today. X is non-X. Moderate tenderness to palpation in X noted today. Moderate tenderness over the X, but the X is much more tender than the X which recreates X X pain. Increased X pain with X.X. Assessment/Plan: X ongoing X pain does appear to be mechanical in nature and related to X. X has had a flare of pain in the last X days with the recent X changes with the storm that moved into the area over the last X hours. X has done X without relief. X has had X in the past that has given X good relief, with the X. X will therefore be pre-certified through X work comp carrier for X and depending on those results, X may be a candidate for X for long-term relief. Risks and benefits were explained, X voiced understanding and wished to proceed. Since X is not getting relief with X and is having side effects with it as well I will start X on X. X will continue X. 1) X syndrome; 2) X; 3) X pain-X, X; 4) X; 5) X; 6) X. Return of office on X.

X- Physician Progress Notes-X, MD: CC: None recorded. HPI: X returns for f/u last seen X. X continues with X pain into the X area more on the X. X pain does still limit X activities significantly and X is not able to X and is not able to X head from X of pain and X. X continues with the use of X, X. The X gave X significant pain relief for the first week that X was on it, but after that X feels it hasn't been helping as much since then, but it is still better than all the other pain meds X has tried. The only issue X has been noticing with the XX is that it doesn't XX very well when X puts it on X. X has not had to take the X since X was started on the X. X denies any adverse effects from X current meds. Assessment/Plan: For X X area tightness, X will be pre-certified through WC for X that have given X very good relief of X pain and X in the past. Since the X is helping and X is tolerating it well without any side effects, but it is not quite strong enough, I will increase X to a X to see if X gets

more pain relief. X will try putting the XX on X since those are more flat surfaces that would prevent the X. X will continue on X for now. X will contact the X rep if X needs reprogramming in the future. A X report was ran today and showed no evidence of multi-sourcing and is consistent with the patient's current prescribed meds and a urine screening proved compliance. 1) X; 2) X; 3) X; 4) X delayed release capsule, X; 5) X; 6) X; 7) X; 8) X. Return for f/u in X months.

X- Physician Notes-X, MD: CC: Procedure. HPI: The patient presents with chronic mechanical X pain. FL X: Diagnostic X. X. Assessment/Plan: 1) X; 2) X pain. Follow up on X.

X- Physician Progress Notes-X, MD: CC: Follow up visit; s/p X. HPI: X presents for f/u after undergoing diagnostic X at the X levels. X got over X relief immediately after the X and the relief lasted for the next X hours before X pain returned. X was able to move X X and increase X activity level without relief as was discussed previously. X continues with the use of X as needed for break-through pain which does well to control X pain without side effects. Assessment/Plan: Since X received at least X relief for over X hours, X will be pre-certified through WC for X and X for long-term relief. Risks and benefits of the procedure were thoroughly explained and the patient wishes to proceed. Since X current meds are doing well to control X pain without side effects, X will continue on X for breakthrough pain. 1) X; 2) X; 3) X.

X- URA Determination-X, MD: X has been asked to review the treatment request listed below for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor made the following decision that the services below are not medically necessary or appropriate. This means we do not approve these services or treatment. Services Requested: X- Determination: Non-Certified. Diagnosis/Description: X-Other X, X, X region, X, not elsewhere classified, X. Claim Dispute Language: PLN X-We are disputing entitlement of medical or indemnity benefits for all other diagnosis other than X because: Regarding this injury, the injury that was received while in the course and scope of employment is limited to X only. The carrier disputes any and all other injuries, diagnosis, symptoms or test results which may or may not be presently mentioned in the file. Symptoms occurring during a time of

employment does not mandate that the employment is the cause of the ailment. The carrier will continue to review and process any medical that is considered reasonable and necessary as related to this claim. Medical Records Reviewed: cover sheet; patient information X; follow up visit note w/X. Clinical Summary: Claimant is a X who was injured on X while participating in X and injured X. Claimant was evaluated on X by X, MD and is requesting X. Exam notes claimant is currently on this medication, no inability to obtain drug does not pose risk, unless claimant goes intolerable and this drug has gotten pain better controlled with no adverse effects. Claimant was injured on X and is currently on X that was refilled X, claimant is active in pain management and completing urine drug screens. Claimant was evaluated on X by Dr. X and claimant reports X pain into the X area more on the X has given significant relief since on X has not had to take X. Exam notes moderate tenderness to palpation in the X and mild tenderness to the XX today but with moderate tightness in these muscles as well as into the X, increase X pain with X moderate tenderness over the posterior X. Request is for X. Decision: Non-Certified. Clinical Rationale: Even though the provider indicated the requested medication being used presently, but as there is no indication in the records indicated it has been approved and as of X, a peer to peer could not be obtained, there's not sufficient documentation or rationale for X, thus the request is not approved.

X- Preauthorization Request Letter-X: To Whom it May Concern: We represent X claim. This is a preauthorization request reconsideration (appeal) for X. The medical provider, Dr. X, has requested this medication because this medication because there is an ongoing condition(s) that requires medication and treatment. The Claimant is not able to work at this time due to X, and these X are in fact, a result of X work-related injury. During this time, the injured worker's physical condition is X because you have obsolete information about the compensable injury. Please update your records on extent of injury. Per the administrative law judge's decision and order: The XX-injured has accepted a compensable injury in the form of a X has been administratively accepted pursuant to Rule 130.102(h). The X is reasonable due to persistent pain and are consistent with the ODG. Therefore, the X should be determined medically necessary.

X- URA Re-Determination-X, MD: XX has been asked to review the treatment

request listed below for medical necessity and appropriateness. After careful review of the submitted medical information, our Physician Advisor made the following decision that the services below are not medically necessary or appropriate. This means we do not approve these services or treatments: X. – Non-certified. Diagnosis Codes/Descriptions: X, X, X, X, not elsewhere classified, X, X. Claim Dispute Language: X: X Services Group on behalf of self-insured X XX accepts the injury as limited to X, and also, pursuant to Rule 130. 102(h), the administratively accepted diagnosis of X that was rated by the designated doctor on X. Per peer review of Dr X dated X, the Claimant’s current condition is not related to the compensable injury of X. Self-insured denies the injury extends to and includes the X-We are disputing entitlement of medical or indemnity benefits for all other diagnosis other than X because: Regarding this injury, the injury that was received while in the course and scope of employment is limited to X only. The carrier disputes any and all other injuries, diagnosis, symptoms or test results which may or may not be presently mentioned in the file. Symptoms occurring during a time of employment do not mandate that the employment is the cause of the ailment. The carrier will continue to review and process any medical that is considered reasonable and necessary as related to this claim.

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

Based on the records submitted and peer-reviewed guidelines, this request is non-certified. Claimant’s current condition is not related to the compensable injury of X. Even though the provider indicated the requested medication being used presently, but as there is no indication in the records indicated it has been approved and there is not sufficient documentation or rationale to justify the use of X. Thus, the request is not approved.

**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)