

IRO NOTICE OF DECISION TEMPLATE – WC

Magnolia Reviews of Texas, LLC

PO Box 348 Melissa, TX 75454* Phone 972-837-1209 Fax 972-692-6837

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X, Progress Notes, X, PA.
- X, Order Requisition, X, PA.
- X, Telephone Encounter, X.
- X, Order Requisition, X, PA.
- X, Procedure Note, Dr. X.
- X, Facility Notes, X.
- X, Office Visit, X, MD.
- X, Office Visit, X, PA.
- X, Order Requisition, X, PA.
- X, Letter, X.
- X, Denial Letter, X.
- X, Order Requisition, X, MD.
- X, Progress Notes, X, MD.
- X, Request for A Review by an Independent Review Organization, X (patient).

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now X with a history of an occupational claim from X. The mechanism of injury is detailed as a X. The patient underwent a X. The patient then underwent a X. The records indicated the patient had undergone prior X. The patient was working.

The progress notes that were dated X indicated the patient had pain in X X and XX, radiating down to X X. The pain in X was a shooting pain and there was associated X. The physical examination revealed the patient had X in the X

region, and increased X at the X columns, X. The patient had X at the X. The X maneuver was strongly positive on the X. The treatment plan included a X.

The progress notes that were dated X indicated that the patient pain was rated X, X, and was located in the X area. The pain was X in the X and X in the X, in a X. The pain was described as X, "X". The symptoms were X and X and were X when X. The factors which relieve the pain included X. The previous conservative treatments were noted to have included X results. Previously, the patient had an X, with excellent results. The physical examination revealed the patient had decreased X. The point of X was the X notch on the X. The X was positive on the X degrees. X was normal. The diagnoses included X pain and status post X. The request was made for a X.

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

The Official Disability Guidelines indicate that X are not recommended for X pathology, based on insufficient evidence. They are recommended on a case-by-case basis as X. The guidelines also indicate that, at minimum, there should be documentation the patient has pain relief of X for a sustained period, and the X most clearly result in a documented reduction in pain medications, improvement in function, and/or return to work. The patient had previously undergone. The records failed to support the patient had objective findings on physical examination suggestive of X. The patient was noted to be working, which would support improvement in function. However, there was a lack of documentation indicating the patient had at least X pain relief for a sustained period of time and that the patient had documented reduction in pain medications.

The Official Disability Guidelines do not address X for this type of procedure. The American Society of Anesthesiologists states "Many patients can undergo X pain procedures without the need for X in addition to X. For most patients who require X, the physician performing the X pain procedure(s) can provide X as part of the procedure. For a limited number of patients, a second provider may be required to manage X or, in selected cases other X services. Examples of procedures that typically do not require sedation include but are not limited to X, X, X, injections into the X, and X".

Given all of the above the requested (?)X are not medically necessary. The prior decision is X.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) American Society of Anesthesiologists. (10/22/2005 and last amended on 10/26/2016) Statement on Anesthetic Care During Interventional Pain Procedures for Adults. Retrieved from:

XX