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Information Provided to the IRO for Review:

- Clinical Records - X
- Utilization Reviews - X
- Medical Review - X
- Peer Clinical Review Report - X
- Attorney Letter - X
- Diagnostic Report - X

Patient Clinical History (Summary)

X who sustained an injury on X. The injury occurred possibly by X. X was diagnosed with pain in the X.

X was evaluated by X, MD on X and X. On X, X presented for X pain. The pain was described as X. The pain was rated at X with the X and without X, it was X. The symptoms were relieved with medications. On examination of the X, there was X to X over the X. The X was limited. Dr. X recommended X. On X, X presented for a follow-up of X pain. The pain was characterized as X. An appeal letter was submitted for the X, as the prior request was denied.

An MRI of the X dated X showed severe X and suspected X in this area measuring about X. There were also X. Prior X with an X seen in the X. There was prior X with X seen in the X. X had X in the X at the

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X, which could represent a X. X as well as X were noted.

The treatment to date included medications (X), which were helpful, X, X, and X on X.

Per a utilization review decision letter X, the request for X was denied by X, MD. Rationale: "Per the Official Disability Guidelines, 'X is a safe and efficacious treatment for X pain in X. It Improves pain, disability, and range of movement at the X compared with X. The use of X was effective in reducing the pain of X at one month, but not a X.' A successful peer-to-peer call took place with X, the physician's assistant (PA). It was discussed that pain was due to a X. Imaging did not reveal significant X or X nor was X noted on the peer-to-peer. Therefore, the requested X is not medically necessary or appropriate."

Per an adverse determination letter dated X, the prior denial was X by X, MD. Rationale: "It is noted that at the time of a prior physician review, the Official Disability Guidelines discusses X which are indicated for X pain and X. Neither the medical records nor prior imaging reports confirm these diagnoses. Current medical records indicate a request to appeal the prior determination but did not provide a rationale or additional clinical information for such an appeal. For these reasons, at this time this request is not medically necessary and should be X."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are X. Per a utilization review decision letter X, the request for X was denied by X, MD. Rationale: "Per the Official Disability Guidelines, X is a safe and efficacious treatment for X pain in X. It Improves pain, disability, and range of movement at the X with X. The use of X was effective in reducing the pain of X at XX XX, but not a X.' A successful peer-to-peer call took

place with X, the physician's assistant (PA). It was discussed that pain was due to a X. Imaging did not reveal significant X or X nor was X noted on the peer-to-peer. Therefore, the requested X is not medically necessary or appropriate." Per an adverse determination letter dated X, the prior denial was X by X, MD. Rationale: "It is noted that at the time of a prior physician review, the Official Disability Guidelines discusses X which are indicated for X pain and X. Neither the medical records nor prior imaging reports confirm these diagnoses. Current medical records indicate a request to appeal the prior determination but did not provide a rationale or additional clinical information for such an appeal. For these reasons, at this time this request is not medically necessary and should be non-certified." There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records fail to establish

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that this patient presents with a condition for which the Official Disability Guidelines would support the performance of the requested X. There is no current, detailed physical examination submitted for review. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is X.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
-

- Texas Guidelines for Chiropractic Quality Assurance
- and Practice Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual

□ Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

□ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)