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Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone:  
877-738-4391 Fax: 877-738-4395

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

Reports from Dr. X dated X  
DWC-73 form dated X  
X therapy notes dated X  
Utilization review referrals dated X and X  
MRI request forms dated X and X  
Utilization review notices dated X and X

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Dr. X examined the patient on X for X X and what appeared to be the X. X degrees, X degrees, and X degrees X. X range of motion was not documented. X was positive X, as was X. X reflexes were X and X was X in the X. It appeared X had X and X symptoms, but the handwritten notes were difficult to read. X testing were positive in the X. Treatment was recommended X times a week for X weeks. The diagnoses were X injury, X. The patient was taken off work through X. The patient then began X therapy for a X of the X, X, X of the X, and X of muscle. X, X, and X were provided. The patient was then reevaluated on X. X reflexes and X was unchanged. The patient continued in X care and on X, a utilization review referral was submitted for an MRI of the X. On X, X provided an adverse determination for the requested X X times a week for X weeks for the X, X therapy X times a week for X weeks for the X, and an MRI of the X. On X,

another request was submitted for the MRI of the X. On X, X provided another adverse determination for the requested X, X, and the MRI of the X.

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

There is no report of injury in the medical documentation reviewed; therefore, specific details regarding the mechanism of injury, location, occupation, etc. are absent. It should also be noted the medical documentation provided is minimal, illegible in parts, and is lacking objective physical findings. The patient is a X who sustained a work-related injury on X and there are no specific details regarding the employer or X occupation. The patient reportedly was using a X to X. The X reportedly X, but did not X. X injured X, according to the minimal documentation reviewed. The notes available from X are essentially the same and some notes are handwritten and illegible, as noted above. There are no objective physical findings documented in the medical record regarding the X, X, X, or X. There are no plain film x-rays of the alleged body parts in the material reviewed. The request for services was initially denied upon first review on X by X, D.O. X non-certification was the X on reconsideration/appeal by X, D.C. on X. It should be noted both reviewers noted the lack of objective documented physical findings and cited the evidence-based Official Disability Guidelines (ODG) as the basis of their opinions.

As noted, the medical documentation provided at this time is minimal and lacks details regarding the injury. The documentation reviewed does not support the inclusion of the X. There are little objective physical findings documented in the medical record and again, there is an absence of plain film x-rays. The diagnosis is unclear, at best, and not supported by the

medical record. The ODG notes that MRI is appropriate for assessing X however, there was no objective evidence or documentation provided to support this request as discussed. The patient has completed at least X sessions of X directed treatment without any objective evidence of clinical improvement based on the documentation reviewed. The objective physical examination findings are also lacking in the material reviewed to support the need for any further active treatment at this time. In regard to therapy, the ODG recommends X visits over X weeks for the X and X visits over X weeks for the X, which the patient has exceeded without any extenuating factors to support additional supervised therapy over an active home exercise program. Therefore, the requested X for the X MRI are not medically necessary, appropriate, or supported by the evidence based ODG and the previous adverse determinations should be X at this time.

**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 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**

**TMF SCREENING CRITERIA MANUAL**

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**