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Notice of Independent Review Decision
Amended 8/16/19

Information Provided to the IRO for Review

- Clinical Records – X
- Discharge Note– X
- Chiropractic Therapy Notes – X
- Texas Workers' Compensation Work Status Reports –X
- Utilization Reviews –X
- Electrocardiogram Report – X
- Physician Advisor Report – X
- Diagnostic Reports – X

Patient Clinical History (Summary)

X with date of injury X. X was involved in a X.

On X, X was evaluated by X, DC for a follow-up visit with continued complaints of moderate X, which X. X described X pain was X. X stated that X pain was no better or no worse since X last visit. The pain interfered with X work. X aggravated X pain. Examination of the X revealed X / X throughout the X. X were limited secondary to pain. X supported X reproduced X pain. There was a positive X test, positive X test. Examination of the X demonstrated X. There was limited X. Prone X

reproduced pain in the X. There was poor X. Examination of the X revealed X throughout the X. X was noted in the X, X, over the X. There was X in the X. There was X and X. X was limited with pain while performing test. X was positive X pain. X test was positive. Examination of the X revealed X. X were restricted secondary to pain and X and X. X reproduced pain in the X. X of the X were diminished equally, X(X). X testing was graded as X.

An x-ray of X dated X revealed limited X. An MRI of the X dated X, revealed X level with X. There was a posterior X level. An MRI of the X dated X revealed X level.

The treatment to date consisted of medications (X), X.

Per a utilization review dated X, X, MD non-certified the request for X units of X. Rationale: “Regarding additional X, the ODG recommends up to X visits of X over X weeks and that given number of visits be tapered and transitioned into a self-directed X. In this case, the claimant has completed X visits of X and X symptoms have improved. The claimant has moderate X. There is minimal change in exam findings from previous exam dated X. There are no treatment notes provided for review. The documentation does not provide sufficient reason why a skilled provider is necessary nor are goals which focus on improvement of functional deficiencies noted. The ODG notes that when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There is no indication of re-injury or exceptional factors noted as to why the claimant cannot continue with improvements in a home exercise program. Case discussed with clinic director, X. who called on behalf of physician. No new

extenuating circumstances identified. Recommend non-certification for additional X."

Per a utilization review dated X, X, DC non-certified the requested service of X. Rationale: "Regarding additional X, the ODG recommends up to X visits of rehabilitative therapy over X weeks and that given number of visits be tapered and transitioned into a self-directed X. In this case, the claimant has completed X visits of X and X symptoms have improved. Case discussed with clinic director, X, who called on behalf of physician. No new extenuating circumstances identified. During our conversation, we could not find extenuating circumstances at the time to continue X beyond ODG recommendations. The patient has had an X and they need to increase X X to return to work full status. X agreed that continued X at the time is not necessary as they are currently transitioning to X and possibly work hardening to return this claimant to work. X has improved with X and appears educated in a X. Recommend non-certification for additional 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 sessions of X: X recovery is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records document completion of X X visits to date. Current evidence based guidelines support up to X sessions of X for the patient's diagnosis, and there is no clear rationale provided to support exceeding this recommendation. When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program. Given the documentation available, the requested service(s) is considered not medically necessary.

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Case Number: Date of Notice: 08/06/19

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
- ☐ 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 Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.