

AccuReview

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X: Office Visit at X Medical XX dictated by X, MD
- X: Office Visit at X Medical XX dictated by X, MD
- X: MRI of the X at X Imaging dictated by X, MD
- X: MRI of the X at X Imaging dictated by X, MD
- X: Initial Pain Evaluation at X Pain & dictated by X, DO
- X: Preauthorization at X dictated by X, DO
- X: Peer Clinical Review Report at X dictated by X, DO
- X: Follow Up Note at X Pain & dictated by X, DO
- X: Follow Up Note at X Pain & dictated by X, DO
- X: Preauthorization or Current Review Request at X dictated by X, DO
- X: UR performed by X, MD
- X: Appeal Treatment/Service Request Received at X dictated by X
- X: UR performed by X, MD
- X: Follow Up Note at X Pain & dictated by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

X: Office Visit dictated by X, MD. CC: X who works X. On X, X was in need to X, but a X. X decided to X. The next day, X woke up with pain in the X. X visited X PCP who provided X to be taken X. X continues with pain and X daily life activities increases X level of pain. The claimant presents today for physical medicine and rehabilitation evaluation. X had a previous work related X. Currently X reports X pains rated X that are X. X continues to have pain and disability due to related injury. X pain is described as X with a pain level rated today as X. ROS: X complaints as above. PE: X Exam: X degrees with pain, X degrees with pain, X degrees, X degrees, X degrees,

X degrees. The range of motion is X. X positive. Palpitation: there is X at the X muscles. X Exam: X degrees, X degrees, X degrees, X degrees, X degrees, X degrees. The X is restricted as X test. Assessment: X, region; X Sprain of ligaments of X, initial encounter; X strain of muscle, X level, initial; X sprain of other specified parts of X, initial encounter; X strain of muscle and tendon of the X, initial encounter. Plan: Physical medicine/rehabilitation per request of treating physician: X (X visits); x-ray of the X, X; continue with current medication.

X: Office Visit dictated by X, MD. CC: X pain and X pain described as X with a pain level X. X also reports pain level increases with X daily activities of living. PE: Neurological: X there is X, X. X exam: X is restricted and X exam: X is restricted and X as evidenced by the X test. Assessment: X A. Plan: MRI of the X, X. X weeks.

X: MRI of the X dictated by X, MD. Impression: 1. Small to moderate-sized X in the posterior head of the X, measuring X. 2. X collection in the X, likely due to X. 3. X of the X. 4. X.

X: MRI of the X dictated by X, MD. Impression: X, which mildly X upon the X and moderately narrows X. X at X. 3. X.

X: Initial Pain Evaluation dictated by X, DO. CC: X pain. PE: X: X with decreased X X degrees and X degrees respectively. Claimant is able to bring X of X chest with reproduction of X pain. X in the X regions were noted. X had maximal X, however at X with X with a mild positive X testing with X pain into X. X had increased X muscle tone, trigger points in the X regions. X had mild decreased X on the X, with mild decreased X distribution. Neuromusculoskeletal: X reflexes were X. DX: Chronic X pain syndrome with X associated with work injury. X protrusions beginning at X to X associated with chronic X pain syndrome with X greater than X associated with work injury. Secondary X pain syndrome with X. Prognosis is fair-good. X therapy in the form of X approach instilling X and X throughout the X in a single treatment should help X recovery.

X: Peer Clinical Review Report dictated by X, DO. Physical exam findings include decreased painful X, mid-X, and decreased X on the X and that the injured worker was not a surgical candidate X. There was also documentation that X reportedly

provided fair relief but made X X at night helped X sleep and the plan to do X to help hasten X recovery. However, X treatment is no longer supported in the guideline criteria based on recent evidence due to serious risks of this procedure in the X region and lack of quality evidence for sustained benefit. Therefore, the request is X.

X: Follow Up Note dictated by X, DO. Claimant continues with moderate-to-severe X pain associated with X as evidence by decreased X, decreased X on the X having failed X rehabilitative care all following X work injury. Once again, X has decreased X. X has severe X as a result of this X pain. X MRI has been corroborated to find X. X is an excellent candidate for X.

X: UR performed by X, MD. Reason for denial: Per ODG X is not recommended, X should not be used. X should not be used. Within the associated medical file, there is documentation of subjective findings of X pain. The pain is rated as a X. The injured worker reports moderate to severe X pain with X. Objective findings include decreased X. There is a X and decreased X on the X. There is no clear documentation to support this treatment as an outlier to the negative guideline recommendations. Therefore, the request is X.

X: UR performed by X, MD. Reason for denial: The provider has not provided any new clinical findings or compelling information to justify overturning the prior non-certification. ODG does not support X given the lack of efficacy and potential for adverse reaction. The provider has not provided any compelling information to justify deviating from guideline recommendations. The provider has not provided sufficient documentation to demonstrate the presence of X; per the submitted encounter notes, sensation was decreased in the X distribution only with some X loss. There was no evidence of deficit at the remaining requested levels. Moreover, X MRI failed to demonstrate X. As such, the medical necessity of this request is not known or understood. The provider has requested this procedure be completed under X. ODG states that excessive X should be avoided. The provider has not provided any compelling information to justify deviating from guideline recommendations. Therefore, based on the lack of guideline support and lack of sufficient documentation to support this request, the request for X utilizing a gentle X approach entering at the X passing the X to the pain generators and targeting

those pain generators and targeting those pain generators beginning at X through X passing the X to the pain generators and targeting those pain generators beginning at X through X with fluoroscopy perform under X is X.

X: Follow Up Note dictated by X, MD. The claimant is eager to go ahead with treatment for X X with X. Unfortunately, the insurer has elected to do a false pain review by a physician neither educated, trained or interventional pain care. The request is not a X. Unfortunately, the doctor sided literature based on X region is incidental reports which states that the X region is potentially has serious risks and side effects, but that is not regarding a translaminar approach doctor. Furthermore, the doctor offered no alternative treatment. As a result of this peer review, which is not consistent with the stand of care as supported by the Texas Medical Board which support intervention to eliminate X. This claimant has X with moderate-to-severe X pain. X desires to get back to work. However, X is requiring higher doses of X. These are indirect contradiction to the standard of care and the wishes to get X. X has practiced by myself, is a safe effective procedure at the X utilizing a X approach. The literature that the doctor citing on the ODG is for X, this is X injection. This is a X safe procedure as practiced by the Board-Certified Fellowship pain specialist. As a result, we are going to have to resubmit this claimant continues to result, we are going to have to resubmit this claimant continues to have moderate X pain, decreased X and X associated with X. I would argue that the medication long-term is worse for X overall health, safety and welfare. Furthermore, X is willing to take the risk, benefit ration and proceed with this X. Certainly, surgery has higher morbidity cost and potential risk then anything we are going to offer. As a result, we are going to resubmit for X. Again, is at the X I do use a X approach utilizing targeted X in the X. Please reconsider this request.

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 X. ODG does not support X given the lack of efficacy and potential for adverse reaction. The provider has not provided any compelling information to justify deviating from guideline recommendations. The provider has not provided enough documentation to demonstrate the presence of X; per the submitted encounter notes, sensation was decreased in the X distribution only with some X

loss. There was no evidence of X at the remaining requested levels. Moreover, X MRI failed to demonstrate X. As such, the medical necessity of this request is not known or understood. The provider has requested this procedure be completed under X. ODG states that X should be avoided. The provider has not provided any compelling information to justify deviating from guideline recommendations. Therefore, based on the lack of guideline support and lack of sufficient documentation to support this request, the request for X utilizing a gentle X approach entering at the X passing the X to the pain generators and targeting those pain generators and targeting those pain generators beginning at X through X passing the X to the pain generators and targeting those pain generators beginning at X through X is not medically necessary and X.

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)