C-IRO Inc.
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Patient Clinical History (Summary)

X who was injured on c. X was diagnosed with X.

X was seen at X, for a follow-up evaluation of X. On examination, X had a X. The assessment was X. The plan was for an X. A follow-up was scheduled in X.

An MRI of the X dated X, demonstrated X. The X. X was noted. X was most severe in the X where there was X.

Per an Initial Adverse Determination Letter by X, DO dated X, the recommended prospective request for a X at X was denied. Rationale "According to the Official Disability Guidelines, the patient did not meet the criteria for receiving a X. The clinical documentation provided for review noted the patient may have X according to the MRI report. However, records did not confirm that the patient had been initially X consisting of X. Furthermore, the physical examination did not identify any X other than a X. There was no mention of X in terms of reduced X. I discussed the case with X, the physician's assistant, who confirmed that the patient did have a X. However, X confirmed that the patient had no X and therefore would not approve the requested service at this point. As such, after peer-to-peer conversation, the request for X is not medically necessary."

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Per an Appeal Determination Denial letter by X, MD dated X, the recommended prospective request for an X was non-certified. Rationale "This X patient sustained an injury on X and was diagnosed with X. According to the documents provided, this request was previously not certified due to records not indicating X. The current documents do indicate the patient has had X that have not provided relief. The objective findings include a X however, there is no indication of X. Subjectively the complaint states, "X". This does not indicate where the problem is such as which X. Currently, the patient does not meet the Official Disability Guidelines (ODG) since there is not well-documented X that follows a X. A successful peer-to-peer call with X, Physician Assistant (P.A.) was made. The case was discussed in detail along with the cited Guidelines. There are no records of X. The MRI showed only X. The PA did not offer any additional information. The requested X is not medically necessary and is upheld."

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: 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 patient's physical examination X. There is no documentation of a X. X is X. There is no comprehensive assessment of treatment completed to date or the patient's response there to submitted for review. There is no documentation of any recent active treatment. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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

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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
- ☐ 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

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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.