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Patient Clinical History (Summary)

X who was injured on X. The top of the X. X was diagnosed with other X.

X was seen by X, PA-C /X, MD on X and X. On X, X presented for a follow-up of X pain. The symptoms were gradual in onset. The pain was worse in the prior year. The frequency of episodes was hourly. It was described as X. The pain X. The complaints severely limited X activity. The exacerbating factors included X. The symptoms were better with medications. X also presented for X pain. On examination, the X. There was X. On X, X presented for a follow-up. The X examination showed painful X. There was X. X test was positive over the X.

An MRI of the X dated X showed X.

The treatment to date included medications (X).

Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: "The claimant has continued pain in the X. According to the guidelines, the use of X is only recommended on a case-by-case basis for short-term treatment of pain related to X. There must be objective medical evidence of X on diagnostic imaging and clinical examination to support the medical necessity of the request. There was no X on MRI of the X and there were no clinical exam findings to include X. The case was discussed with X, NP, who stated that authorization has been given to do the peer-to-peer call on behalf of Dr.

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X. X was unable to provide additional information that might enable certification. The request for a X is not certified.”

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: “There was a previous adverse determination dated X, where the request was not certified because there was X on magnetic resonance imaging (MRI) of the X and there were no clinical examination findings to X. Per the Official Disability Guidelines, X are generally not recommended; however, the Official Disability Guidelines provide criteria for exceptions to the guideline recommendation. When recommended, X are recommended as X. A successful peer-to-peer call with X, PA-C was made at X. The peer states that the patient has never had a X before. X states that this request is for an X. The peer states that the patient has X. X states that the patient has also X. When asked if the patient’s ability to participate in X. When asked if X pain medications recommended for X had been trialed, X explained that their practice typically does not utilize those medications. X were not addressed during the peer to peer as there was no X. As there is no clear evidence that the patient is unable to adequately participate in X to assist such efforts, compliance with the mentioned guidelines and medical necessity are not apparent. Thus, the request for X is not medically necessary”.

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

Two prior reviews addressed the clinical findings in this case and then applied the guidelines to the findings. Both reviews were accurate and addressed the key issues in this case. The clinical findings did not meet the guideline interpretation of X. The Radiologic findings did not correlate with the clinical findings. Pharmacologic management of pain has been incomplete. Documentation is unclear as to whether X has been appropriate and/or efficacious. Given the documentation available, the requested service(s) is considered not medically necessary at this time.

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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
- 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

C-IRO Inc.

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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.