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

X: Electrodiagnostic Consultation, X, MD  
 X: X-Ray X  
 X: X-Ray X  
 X: Physical Therapy Notes  
 X: MRI X  
 X: Follow-Up Exam, X, MD  
 X: Commissioner's Order  
 X: Texas Workers' Compensation Work Status Report  
 X: Chart Notes, X, DC  
 X: FCE  
 X: UR by X, DO,DC  
 X: UR by X, DC

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant is a X that was injured on the X. Claimant was injured when X closed the X. X began X for X complaint and completed X on X .X X MRI did not identify X results reported positive for X.

X: Patient c/o X, X pain. States X has not X due to symptoms. States pain involves the X. X occasionally has X which will refer from the X region. Current Meds: X. Impression: X study. There is evidence of a X, primarily X in nature, consistent with X. There is no evidence of a X.

X: X Note. Able to tolerate X fairly well, and was able to have X. Due to X current condition, skilled X is highly indicated in order to improve X current function and allow X to return to work performing X duties. Pain X, X.

X: X Note. Pt reports in X has gotten worse from X. X feels it has been worse this week- X was off work 4 days and when X returned, that's when the symptoms got worse. The pain wakes X up in the X, and X feels as though the X make the pain X. X, the only thing that helps is a pain pill. Pt states X pain does not go below a X. X. Reports that the pain alternates from X. Pt treatment was focused on decreasing pain and improve mobility in X. Pt is off work for the time being.

X: X Note. Pt feels a X pain at the X. PT spent some time today having patient run through XX, which was very helpful in correcting X mechanics with X. Pt also stated that X has been neglecting X more lately. PT stressed the importance of continuing X daily activities with X X being used as much as possible without pain. Patient felt much better after X today. Patient will continue to benefit from X in order to be able to X, and carry the required equipment to and from X. Continue therapy for reducing impairments and improving functional performance and essential function.

X: MRI X. Impression- 1.X. There may be X injury. 2. X appears to remain intact. 3. No X seen. 4. Type X.

X: Follow-Up, Dr. X. F/U for X. Since last visit, pt has had persistence of symptoms although has had some improvement since having and X for X X about 3 weeks ago. States X has intermittent X with pain that radiates to the X. X. X has been wearing X for X since last eval but still has pain at night X X. Since having last X, pain has XX less severe to the X has been much less frequent. Pt has been out of work since there X. No changes in meds.

X: Chart Notes, Initial Visit by Dr. X. Pain X. X are painful. Pain is alleviated with X. Aggravated by X use of the X. Physical Exam- X is noted about the X support structures. Tenderness along the X. X is restricted X to pain and X. X is positive. Prone X reproduces pain in the X. X- Tenderness. Pain and tenderness in to the X. X are restricted secondary to pain and tenderness. Positive X test with X pains along X distribution. Patient has been approved for X with Dr. X and pending appt date.

X: Follow-Up with Dr. X. States pain is gradually X. X is on hold at this time.

Pain is X. Pain X Pt has been referred to X. Pt has been approved for X but it has not been performed. Recommend X to address current X of pain and symptoms to assist in X pain, X. Follow-Up two weeks.

X- UR by Dr. X. Rationale- unable to support X. As per record review on X, as X had already completed X up until that point in time. Guidelines do not support more than X for the diagnosis of a X. X has been approved for X, There is no clinical basis to perform additional X at this point in time.

X: Follow-Up with Dr. X. Continue with X. X was denied by insurance co. X has not been performed due to some disputes on the claim. X was denies. X condition continues to X. Resubmit for consideration of additional X to address current X of pain and symptoms to assist in X pain, X to minimize possibility of future X. Recommend off-work status due to X pain, decreased X pain are not compatible with a safe return to work at this time.

X: UR by Dr. X. Rationale- In this case, the requested appeal X is not medically necessary. ODG recommends X for the diagnosis with X already completed. In addition, the provider reviewed the clinical information and agreed that the primary area of problem was likely the X area being pain that is referred. We agreed to deny the request for X based on guideline exceeded and lack of clinical support.

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

The previous adverse decisions are X. The request exceeds ODG recommended number of visits and time frame for diagnosis, and clinically X visits have been completed for this injury with documented instruction in a X program. There is also pending X which counters additional basic X and precludes progression to more functional rehabilitation. Therefore, the request for X is considered not medically necessary.

PER ODG.....

## ODG Criteria

### 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
- AHCPR- 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
- 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)**