



**MEDICAL EVALUATORS
OF T E X A S ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
Office Visit by X, FNP-C	X
Authorization Request from XX Care	X
Initial Determination from X XX, Inc	X
Peer Review Report from XX, Inc.	X
Denial Letter from X XX, Inc.	X
Claimant Request for Independent Review by X	X
Notice of Assignment from Texas Department of Insurance	X
Fax/Medical Records to XX from X	X
TDI Request for IRO Instructions and Forms	X



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EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X with a history of X and X pain as a result of a work-related injury sustained in X . The mechanism of injury is not documented. Office Visit by X , XX-XX dated X documented since the date of injury the claimant had “undergone multiple X surgeries. has also undergone X. Despite this, continues to have ongoing X pain...In X, at the patient’s previous visit with me, I performed X which the patient reports X relief of X pain from these procedures. then underwent a X on X in the office by Dr. X and received approximately X relief of X pain. does report that the X of X X is currently giving X X greatest amount of pain. has undergone X in the past which have been very effective in treating X pain, however, repeat of these X have been denied as well by worker’s comp. has a X which had been turned off for quite some time as it had been ineffective in addressing X pain and will X in X X after has had it on for a significant length of time. Therefore does not utilize it.” X, XX-XX reported the claimant’s medications included X, X times a day.X, XX-XX documented the claimant was diagnosed with X, X , X, and X.

Office Visit by X, XX-XX dated X documented the claimant complained of pain involving X. The claimant rated X pain a X and described it as X. Objective findings on examination by X, XX-XX included “pain, limited range of motion of X in all planes of movement. There is diffuse X. There is X being the most tender. denies any X.”X, XX-XX additionally documented that the claimant had X; intact X testing; rose from X. X, XX-XX reported the claimant’s previous X were performed in X and X and stated they would pursue authorization for X.

Authorization Request from X X Care dated X documented X, MD requested approval of X.



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Prior denial letter from X XX, Inc. dated X denied the request for coverage of X “no documentation of the patient having X at the requested levels and therefore this request cannot be certified.”

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

The claimant is a X who was diagnosed with X, X. The request is for coverage of X as outpatient.

According to Official Disability Guidelines (ODG), the criteria for use of XX XX XX XX requires a solid diagnosis of X pain confirmed by a X with a response of $\geq X$ for the duration of the X . Also, the criteria for approval of repeat X depends on variables such as evidence of adequate diagnostic X, documented improvement in X score, X and documented improvement in X[1]. Additionally, ODG does provide guidelines for X , but there is no specific guidance regarding X. In this case, although the submitted documentation suggests that the claimant has a history of X that were “very effective in treating X pain,” but there are no progress notes submitted for review documenting that the claimant had X at the requested levels that fulfill the above ODG criteria.

Furthermore, a review of the literature demonstrates that the clinical efficacy and medical necessity of X are still controversial. The current evidence suggests that X) can provide relief of pain that originates from the X joint complex, but interpretation of this literature is limited by variability in patient selection criteria, the specific X, and the types of XX technology and technique utilized [2].” When radiofrequency XX is used for X pain, low-quality evidence reveals no differences from placebo in effects on pain and function over the short term, and one study shows a small effect on both pain and function over the intermediate term. X XX is an invasive procedure that can cause a variety of complications. The



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quality and size of original studies were inadequate to permit assessment of how often complications occur [3].” The meta-analysis demonstrated that X is an effective treatment for X pain at X months and X months. However, this study is limited by the available literature and lack of randomized controlled trials. Further standardization of X techniques needs to be established, coupled with prospective randomized controlled trials [4].”

Therefore, based on ODG and referenced evidence-based medical literatures, as well as the clinical documentation stated above, it is the professional opinion of this reviewer that the request for coverage of as outpatient is not considered medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

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NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI)



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collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.

[kg/hp]