



Specialty Independent Review Organization

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties: X, X, MD, and X

These records consist of the following (duplicate records are only listed from one source): Records reviewed from X:

X:

Denial Letters-X

LHL009-XX

X Pain XX, MD:

Utilization Management Prior Authorization Requests-X

Office Visit Notes-X

Letter of Medical Necessity-X

X MRI:

MRI Report- X

Records reviewed from X, MD:

XX / XX, MD:

Office Visit Note-X

Records reviewed from X:

X:

Email chain- X

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X year old X with a history of an X. The mechanism of injury is detailed as the patient was taking X. As X reached for the XX in front of X to X, X caught X. Diagnoses included X. Progress note dated X indicated the patient had undergone conservative treatments including X without benefits, as well as medication management to include X. The patient continued to complain of X which was non-radiating in nature. Clinical documentation indicated an MRI of the XX XX indicated X.

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

Though the patient had X pain that is non-radiating and has exhausted conservative treatment without benefit, there is concern that X may negate the results of X and should only be given in cases of X. As there was no documentation the patient had significant XX to warrant the requested sedation, this request is non-certified. Per evidence-based guidelines, and the records submitted, this request is not medically necessary.

**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)