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An Independent Review Organization
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Information Provided to the IRO for Review

- Clinical Records –X
- Diagnostic Data – X
- Utilization Reviews –X
- Peer Reviews – X

Patient Clinical History (Summary)

X. X X is a X-year-old X who sustained a work-related injury on X. X was involved in a X. The diagnosis was X, not elsewhere classified.

X. X was seen by X, DO on X and X. On X, X reported that X developed X surgery. On examination, X had moderate X. X felt that X X pain always “X.” There were signs of X weakness on the X including decreased X strength. As a result, Dr. X recommended X at the X. X Center for X Scale (X) score was X and generalized X (X) score was X. On X, X. X felt that the X pain recently escalated quite a bit, particularly in X X area. The examination showed moderate X, and pain X. X X score was X and X score was X.

A X scan of the X dated X showed X, with X elements at these levels, straightening of the X, which could relate to underlying X, and X X in the X, most prominent at the X levels.

The treatment to date included medications (X), X (helpful for X pain but minimally affecting X pain), X surgeries, and X surgeries.

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Per a utilization review decision letter dated X, the request for X (X) of the X utilizing a X approach with X performed under X was denied by X, DO. Rationale: “With regard to X of the X interspace utilizing a X approach with X performed under X, there was documentation of the injured worker having X and X/ X/ X pain, X surgery. There was also documentation of X scanning that showed severe X below the X at X with X at the X interspace. The physical examination revealed X, decreased X, pain with X, X on the X, and decreased X and X reportedly helped X pain and X pain, but minimally affected the X pain and plan to do X at the X interspace with a X approach. However, the XX X treatment is no longer supported in the guideline criteria based on the recent evidence due to serious risk of this procedure in the X region and lack of quality evidence for sustained benefit. Therefore, the request is non-certified.”

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: “Official Disability Guidelines does not recommend a X given significant risks of this procedure. I do note the treating physician’s appeal noting that the decision is up to the injured worker in terms of risk versus benefits. That may be reasonable if there was both reasonable risk and benefit of the procedure. However, aside from the overall warning regarding the risks of this procedure, X do not generally have a meaningful benefit in extreme X situations such as presently. This injured worker has a history of X in the X. The injured worker does not have a history of X symptoms / findings suggesting meaningful benefit from an X at this time. Therefore, overall at this time this request is not medically necessary.”

In an adverse determination letter dated X, X, MD denied the requested service with the following rationale: “Per evidence-based guidelines, X for

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chronic X pain is not recommended. The pertinent clinical or extenuating circumstances that would support deviation from the guidelines could not be clearly identified. Exceptional factors were not identified to support the request. Additionally, guidelines noted that X should not be recommended in the X region, the Food and Drug Administration (FDA's) Anesthetic and Analgesic Drug Products Advisory Committee concluded. The FDA has never approved an X product administered via X, so this use, although common, is considered off-label. X into the X region, as opposed to the X area, are relatively risky due to the narrower X, and the risk for accidental injury in the X is greater in this location. (FDA, 2015). Overall, the request for a X approach with X is not medically necessary at this time.”

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

This patient presents with the recurring of severe X pain. This is in spite of an X which is X each day (>X/day). The CT scan shows mild X, with no obvious X. Three prior reviews have denied the request for an X at X. This will be directed to an area below the prior XX at X. A X will enable treatment of the X levels below the X and as such treat any X that may be present. The prior reviewers all cited a safety issues related to X.

The provider intends to use a X which employs safety guidelines in that the level of entry into the X is at the X level which is relatively safe. Notwithstanding the fact that this decision does fall outside the guidelines, with respect to the requirement for recent PT, this patient is on a X which if increased may be potentially unsafe. Given the documentation available, the requested service(s) is considered medically necessary.

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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
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- 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
- 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)

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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

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.