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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. X, Determination Letter, X
2. No Date, Preauthorization Request
Form, No Signature
3. X, Progress Note, X, DC
4. X, Determination Letter, X
5. X, Interview, X, MA, LPC
6. X, FCE, X, DC

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a X-year-old X with a history of an occupational claim from X. The mechanism of injury was detailed as occurring when the patient was working in a X. The current diagnosis is documented as X. The physical therapy note from X noted that the patient reported increased severity of X pain which radiating to the X. The patient reported decreased ability to X from X. The patient continued to report worsening pain with X. The patient reported minimal pain relief with medications. The patient has completed a X approved sessions of X noting X pain symptoms. Patient was to undergo a X consultation. As the patient reported X the patient was to utilize a X unit trial to X. The patient was also to utilize a X, X and X. Patient was to undergo XX testing. On examination X. Minor sign was positive. Patient had trouble sitting for duration of the examination. The patient had difficulty X arising from a X secondary to pain. The patient had X. X raise was positive X. X was positive for X pain as well as

a Yeomans test. Patient restricted range of motion. Strength was X.

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

The official disability guidelines note that lab X may be indicated after patient has undergone a functional capacity evaluation. Should be evidence of an adequate trial of active physical rehabilitation with improvement followed by X. Patient should not be a candidate for surgery, or other treatments. There should be no evidence of other medical behavioral comorbid conditions that prohibited participation in the program. The patient should have a specific return to work plan. The definition indicated that the patient did have continued complaints of pain. However, it was noted that the patient had completed the X. The patient had improved range of motion but increased intolerable pain symptoms. Therefore, there is no indication as to why the patient require X as this would only continue to exacerbate the patient's pain. Furthermore, there is no indication that the patient was not a candidate for surgery, X or other treatments. The patient was to utilize a X. As such, the requested X is not medically necessary and the prior determination is X.

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

x ODG- OFFICIAL DISABILITY GUIDELINES &
TREATMENT GUIDELINES, Treatment Index, 17th Edition

(web), 2019, XX XX, Work conditioning, work hardening