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Information Provided to the IRO for Review

- Clinical Records – X
- Texas Workers' Compensation Work Status Report – X
- Utilization Review – X
- EMG and Nerve Conduction Study Report – X
- Appeal Determination Denial Letter – X
- Prospective Review – X
- Diagnostic Data Reports – X

Patient Clinical History (Summary)

X X is a X-year-old X who was injured on X, while X/ X from a XX in an X, and had X pain and X ever since.

X was evaluated by X, PA /X, MD on X for X pain. The symptoms were secondary to X injury on X. X described X and associated XX in the X. On examination, there was weakness of the X. X was diagnosed with X pain and X due to X. The plan was to proceed with X.

An MRI of the X dated X showed X changes, most pronounced at X and X. An electromyography (EMG) / nerve conduction study (NCV) of the X study dated X showed X latencies were slightly prolonged. The X was normal. These findings were consistent with a X at the X (i.e. X). There was no electromyography (EMG) evidence of a X or X affecting the motor nerve root.

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The treatment to date included medications (X with little improvement) and six sessions of X (little improvement).

Per a utilization review decision letter dated X, the request for X was denied by X, MD. Rationale: "Based on the clinical objective data provided, no clear-cut X findings have been documented. Weak X would refer to the following muscle groups: X. These muscles do not specifically relate to these nerve roots as their primary innervation. In addition, the imaging studies demonstrate potential for both X compromise as related to X. In this clinical scenario, the requested surgical procedure is denied. Additional documentation is needed to make this decision."

Per an adverse determination letter dated X, the prior denial was upheld by X, DO. Rationale: "The previous noncertification on X, was due to lack of appropriate imaging findings. The previous noncertification is supported. Additional records included electrodiagnostic studies on X. This reported no evidence of X as required by the guidelines. The MRI reported no evidence of nerve root impingement. There was no notation on physical examination of profound weakness of X. It was not noted X of care had been undertaken including use of X, use of X, X or a X The request and appeal of an anterior X is not certified."

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

In review of the provided records, the claimant does present with clear cut objective findings consistent with a X. The claimant's pain distribution was in the X. There was also very early symptoms of X. Previous MRI studies clearly demonstrated XX involvement at X with associated moderate to severe X. The claimant had failed non-operative measures to date and given the imaging findings, it is highly unlikely that the claimant would improve further with ongoing conservative treatment. Therefore, it is this reviewer's opinion that medical necessity is established.

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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.