

C-IRO Inc.
An Independent Review Organization
3616 Far West Blvd Ste B
Austin, TX 78731
Phone: (512) 772-4390
Fax: (512) 387-2647
Email: resolutions.manager@ciro-site.com

Information Provided to the IRO for Review

- Clinical Records –X
- Maximum Medical Improvement and Impairment Rating Report – X
- Physician Advisor Reports – X
- Letter – X
- Diagnostic Data Reports – X

Patient Clinical History (Summary)

X is a X with a date of injuryX . X X. X was diagnosed with X of unspecified X, initial encounter. (X).

On X, X was evaluated by X, MD for X injury and pain rated as X. X was on light duty. The X was denied. On examination, there was a reasonably good range of motion of the X. On X, X complained of pain though X was working regular duty. An MRI of the X showed X of the X and also mild X with no obvious X noted. The examination showed some endpoint X.

A Designated Doctor Evaluation was performed on X by X, DC. The purpose of the evaluation was to determine maximum medical improvement (MMI) and impairment rating. X X had reached maximum medical improvement on X, and X range of motion values were significantly improved and no further treatment was being recommended; therefore, a clinical plateau had been reached. X was X Dr. X opined that there was a X relationship between X of the symptoms noted that the pain was subjective and could not be measured objectively. X X completed examination with X condition.

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An MRI of the X dated X revealed mild X. There was mild X.

Treatment to date included medications (X), modified duty with posture restrictions (X), and X(finished after X sessions as therapist felt functionally improved).

Per A utilization review determination letter by X, MD dated X, the request for X was noncertified. It was determined that regarding the request for the X with X, X X reported ongoing pain to the X. Physical examination revealed tenderness with passive range of motion. The MRI showed mild X. However, examination findings were limited. There was no documentation of significant functional limitation. There was no documentation that the pain interfered with functional activities. X X continued to work full duty. The guidelines stated that injections were generally performed without fluoroscopic or ultrasound guidance. The use of sedation for pain management injections was not supported. There were no exceptional factors noted to support sedation outside of guideline recommendations. As such, the request for X was noncertified.

A letter by X, MD dated X indicated that the reconsideration request for the X was denied / noncertified. The Official Disability Guidelines stated that X might be recommended for short-term use when pain was not controlled via conservative treatments such as with X and X, X, or X. The pain must also interfere with functional activities to include pain elevation significantly limiting the patient's ability to work. Guidelines indicated that X should be minimized or avoided due to additional X . In the case of X X, the recent clinical notes provided for review did not include sufficient evidence that X had significant functional limitations attributed to the X injury that would support the need for X. As of X, X X was reportedly

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working full duty with no indication that the X injury was preventing adequate functionality. While the progress note dated X indicated that X was on light duty, X had a good range of motion with no other abnormality noted at that time. In addition, the request for sedation was not warranted, as there was no reference to have a significant X that would warrant sedation for X, Lastly, the CPT code X indicating X procedure for X or enhanced CT / MRI X was not supported. The physician did not indicate that X X was being recommended for additional imaging at the time requiring the injection of a XX substance. Based on those findings, the requested service could not be authorized. As such, in accordance with the previous denial, the request was noncertified.

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

This patient presents with a non-X condition commensurate with a X. X therapy has failed including X. An X into the joint is a reasonable treatment approach. However, two prior reviews have been performed citing that there are no clinical findings of functional limitations secondary to the pain, and that evidence of X that would justify sedation are not documented in the record. An additional review findings noted incorrect use of CPT coding. This reviewer agrees with the prior reviews which are accurate. Given the documentation available, the requested service(s) is considered not medically necessary.

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)

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

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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.