

AccuReview

An Independent Review Organization

P.O. Box 21

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: Encounter Summary by X, MD

X: UR performed by X, MD

X: UR performed by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a X who was injured on X. A MRI was performed but no report was provided.

On X, the claimant presented to X, MD for X pain. The quality of the pain was described as X. X reported being able to carry on normal activity and to work. No special care was needed. Medication included X prescribed on X. Minimal benefit was reported. On examination there was X pain with X. ROM was full but painful. X test was positive on the X. X negative X loading pain. Strength was X. Assessment: X pain. Plan: X. Continue to take X as needed.

On X, X, MD performed a UR. Rationale for Denial: Official Disability Guidelines do not recommend X due to complications and lack of effectiveness.

On X, X, MD performed a UR. Rationale for Denial: No additional documentation was provided to support the request. The previous non-certification is supported. According to the guidelines, an X is generally not recommended given the serious risks of the procedure and lack of quality evidence for sustained benefit. Also, there must be evidence of X on clinical examination and diagnostic imaging which was not documented in the

records. The claimant had full strength in the X, no loss of reported X, despite a positive X test. There was no diagnostic imaging of the X made available for review to confirm X. There must be failure of lower levels of care to include physical therapy and a trial with X medications. There is no documentation to support the claimant has completed any sessions of physical therapy or a trail with X medications. The case was discussed with Dr X who was unable to provide additional information that might enable certification.

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

Per guidelines, an X is generally not recommended given the serious risks of the procedure and lack of quality evidence for sustained benefit. Also, there must be evidence of X on clinical examination and diagnostic imaging which was not documented in the records. The claimant had full strength in the X, X, despite a positive X test. There was no diagnostic imaging of the X made available for review to confirm X. There must be failure of lower levels of care to include X medications. There is no documentation to support the claimant has completed any sessions of X or a trail with X medications. Therefore, this request for X is not found to be medically necessary at this time.

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)**