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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: MRI x

X: Initial Pain Evaluation, X, DO

X: Follow-Up, X, DO

X: Operative Report, X

X: Operative Report, X

X,X: Request for UR

X UR by X, DO

X : Acknowledgement of Received Appeal Request, X

X: UR by X, MD

PATIENT CLINICAL HISTORY [SUMMARY]:

X: MRI X X. Impression- 1. X and X: No evidence of X X, X X X, or X X X. 2. X/X and a X/X with mild X X X, mild X X X narrowing, and moderate X X X narrowing. The X. 3. X/X with a X with X into the X. There is mild X X X X, mild X X X narrowing, moderate XX X narrowing, and potential X.

X: Initial Eval with Dr. X. Since work incident, X has had X, X pain. XX and X pain have improved with X care. Despite appropriate X medication support, X X pain has persisted. Due to X persistent pain, X X shows mild to moderate reactive X

without X, risk for X is 0 on XX. X X levels are escalating including X, X. Most notable X is at X, X with X at X degrees reproducing X X pain. Positive X X degrees on the X. X has decreased X in the X distribution on the X with mild X. Moderate X X as well as X in the X area as well. X and difficulty standing on X. Pain is X. Recommend X. Add X. X during the day. Due to X X status, X position X and X noted with X, we are recommending X with X.

X: Follow-Up with Dr. X. Reports at least X or more of X, X and X pain following a single X. X is getting around better and taking X. X is off X. X is still reporting some X pain and occasional radiating pain to X. As a result, X wants to go ahead with another X, this one at the X. Pain is X to a X. X received this care void of side effect. X did have some temporary X which resolved in the postoperative period. We expect this not to occur at the X.

X: Here for further care of X, X and X complaints associated with X and X. X has done well following X X with more than X relief of pain and X is having some difficulty with X, X for prolonged periods of time and is remarking that X is X associated with these injuries. I am raising X X to X TID, raise X to X and start X. X was encouraged. With a X, X will require a x to help XX X. X X was X. X levels were X. X had mild X after X to X from X, a X may be advised to further recovery.

X: Follow-Up with Dr. X. X is still having some mild to moderate pain in X XX, exacerbated with X. X were again noted. X is

eager to continue XX. In the meantime, X X and X are improving with this current X including X in the morning and X at night and X TID. X is off X analgesia. X is using X judiciously. Each X should offer improvement. X was X for X.

X UR by Dr. X. There was documentation of the X having more than X with almost complete resolution of X pain following X but still had pain in X exacerbated with X and X were also noted. There was also documentation of the plan to do a second X for further improvement along with further X X, X, and medications with X, X, X, and X. However, other than documentation of some pain in the X exacerbated with X and X, there was no documentation of any ongoing X occurring including no X motor/X, X, or X signs and rather there was documentation of almost complete resolution of X and this would not support the need for a repeat X based on guideline criteria. There was also no documentation detailing what specific overall functionality was achieved from the previous X treatment and how much X. Not covered.

X: Follow-Up with Dr. X. This pt has received X X of care, X and more X with X or more improvement of pain. X X pain however, with occasional numbness and tingling in X XX leg continues. As a result, X wants to go ahead with another injection consistent with the ODG guideline. X may be permitted up to three injections or even four in a 12 month period of time. X received this this care void of side effect. We did add some XX and K-XX, some mild fluid retention associated with steroid injection therapy, but overall X has

improved. X daily, X at night and X is getting good X pain relief with X. We did discuss X, X. As a result, X would like to go ahead with X.

X: UR by Dr. X. Rationale- The most recent note dated X, the X reported X pain, X pain, X pain with occasional X and X continues. The progress note did not include objective examination findings. The submitted medical documentation does not provide the reviewer with objective evidence on examination of ongoing X radiculopathy. This includes, but not limited to, motor weakness, XX, sensory deficits, or positive straight leg raise. Without such objective information to corroborate the diagnosis of X radiculopathy, the medical necessity is not understood.

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

The previous adverse decisions are X. Based on the records submitted and peer reviewed guidelines, this request is non-certified. The most recent note dated X, the injured X reported X pain, X pain, X pain with X and X continues. The progress note did not include objective examination findings. The submitted medical documentation does not provide the reviewer with objective evidence on examination of ongoing X. This includes, but not limited to, X, X, X, or positive X. Without such objective information to corroborate the diagnosis of X, the medical necessity is not established and this request is non-certified.

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 X 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)**