



MEDICAL EVALUATORS OF TEXAS ASO, LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
W-9 Form from Imaging Consultants of X	X
Outpatient PT Progress Note by X, PT	X
Outpatient PT Certification Letter by X, PT	X
Review Analysis from X	X
X MRI Report by X, MD	X
Claim Reconsideration from Imaging Consultants of X	X
Pain Management Office Note by X CNP	X
Pain Management Procedure Note by X, MD	X
Pain Management Office Note by X , MD	X
Denial Letter from MediCall	X
Review Reports from Medical Review Stream	X
Request for a Review by an Independent Review Organization by X , MD	X
IRO Request Details from Texas Department of Insurance	X
Notice of Assignment to Independent Review Organization	X

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a X-year-old X injured on X when X was pulled on a X and felt pain in the X. X MRI Report by X, MD dated X revealed X changes of the X, most significant at X. Dr. X documented at X there was “X and X changes. X changes compatible with X X and X . There is mild to X and X. X and moderate X. Enhancing tissue in the X, likely X.”

Outpatient PT Progress Note by X, PT dated X documented the claimant had attended X for treatment of X with near constant X to the X. X, PT further documented the claimant reported X in pain with X but not X and experienced increases in X after each X . X, PT reported X was X per the claimant’s X for more visits.

Pain Management Office Note by X , CNP dated X documented the claimant had complaints of pain in X that worsened throughout the day and was described as X and X . The claimant rated XX pain an X when X and at X X, CNP reported aggravating factors for the claimant’s pain were X, performance of activities of XX, XX The pain was alleviated with and medications. X, CNP documented the pain was associated with X in the X and X . Objective findings on exam by, X included no; in A X ; moderate difficulty to transition for X for the X X X; increased pain with X and X X to X distribution. The claimant’s



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medications included X and X, as needed. X, CNP reported the claimant underwent X and X. The claimant was diagnosed with X syndrome and X CNP recommended the claimant undergo X due to lack of improvement from conservative treatments.

Subsequently, the claimant underwent X on X.

Pain Management Office Note by X, CNP dated X documented the claimant had complaints of X that radiated . The claimant rated XX pain a X when X and X. X, CNP documented the X improved the claimant's X and relief of X. The claimant also reported improvement with XX activities of X . Objective findings on exam by X, CNP included no apparent X; ability to X in X ; minimal to moderate X; no X since last clinical exam; and decreased sensation to X. X CNP stated the claimant had "X with the procedure stated above for his X" and recommended the claimant undergo a X.

Prior denial letter from XX dated X denied the request for X according to "evidenced-based guidelines, repeat X should be based on continued objective documented pain relief, decreased the need for X , and functional response. In this case, the patient complained of X pain radiating down the X. A second X was requested. However, medical dated X documented that XX only had a X percent relief from his X pain from the X done on X . Furthermore, the duration of pain relief was not addressed to support the need for the request. The guideline stated that if after the X are given and found to produce pain relief of at least X pain relief for at least X weeks, additional X may be supported. Finally X, despite being generally regarded as X, are not significantly better in providing pain relief of functional improvement, according to a new systematic review."

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

The claimant is a X-year-old X with a history of X pain radiating down the X. The request is for coverage of X at the X.

According to Official Disability Guidelines (ODG), the criteria for a X is that if after the initial X are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, X may be supported. In this case, the claimant had X on X and responded with 10% pain relief of X and 75% relief of X in X. The duration of pain relief was not specifically addressed in the progress note dated X, and there is no mention that the pain relief lasted more than "transient benefit." Also, at the time of the request for the X on X, 6-8 weeks had not passed. Thus, the criterion is not met for a X with an initial response of 50-70% pain relief for at least 6-8 weeks.

Therefore, based on Official Disability Guidelines and criteria as well as the clinical documentation stated above, it is the professional opinion of this reviewer that the request for coverage of X is not medically necessary.



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

**Official Disability Guidelines (ODG) - TWC,
XX Back – (updated 5/10/2019)
Epidural steroid injections (ESIs), therapeutic
Criteria for the use of Epidural steroid injections:**

XX

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.

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