

# MEDRx

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## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

X

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from:

MRI Report dated X  
Non-certification letter dated X  
X Orthopedic/Dr. X Visit Notes X

A copy of the ODG was not provided by the Carrier/URA for this review.

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This x was originally injured over x years ago. X has been treated conservatively with X and X. More recently, XX was examined by Dr. X on X for complaints of X and X pain. The doctor noted that the claimant is X years of age, stood X inches tall and weighed X pounds for a BMI of X. X examination reported, X in the X. X had X with no comment regarding radicular signs. X had X in the X and x had pain to X over the X and the X.

A X MRI had been performed at X on X. The report noted significant X changes throughout the X including X changes, X and X. There was multi-level X and X X. There were X with X and there was X related to the X changes and the X. There were also X that produced X. Dr. X proposed an X likely followed with X and X.

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

This request is not medically necessary and is non-certified. While the records indicate that this claimant has previous X with X, ODG recommendations for treatment with X specify that objective physical findings must be present. This x has X, X and sensation in the X and has X with X. The likely diagnosis in this case is X caused by the significant X changes, and ODG does not recommend X for treatment of X.

**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)