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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X- Physician Notes-X X, X, MD PA
 X- URA Determination-X X, RN
 X- Physician Notes-XE, X, MD PA
 X- URA Re-Determination-X X, RN
 X- Physician Notes-X X, PAC

PATIENT CLINICAL HISTORY [SUMMARY]: Pt is a X yr old X who had a X on X injuring X X and X X while at X. X provider is requesting A X X X and per ODG the insurance company is denying it.

X- Physician Notes-XE, X, MD PA: X X yr old X who on X while at X was helping to rule out a X and the X and X on top of X striking X in the X and X X. This was a X that X X and pushed XX. X was transported to XX where X was evaluated and discharged with instructions to f/u. X was later seen at X where X received X and X but X symptoms have not improved. An MRI was performed and X was referred here for additional f/u. The present burning X that began on X remains X and X. The X pain changes from X. Aggravating conditions include: X, X X or X. Alleviating conditions include: X, X or X X X slowly. The pt reports having X that are reactive to the X. The pt also reports having X pain on the X greater than on the X and X X pain. The pt also reports having X X and X since X. The symptoms are X and X radiating along the X, X aspect of the X on X as well as the X dorsal aspect and the X aspect involving all X. Aggravating conditions include, X, X or X. Alleviating conditions include X or avoiding the use of the X. X reports that at times X X up and X. X denies. Pt reports that X did not help but has not had any other type of tx. Physical Exam :X: Inspection: The X moves in smooth coordination with the body motion. Palpation: There is X. ROM: There is painful X throughout the X of motion, at the X of motion, X, X, X, w/X, w/X and X. Negative for X. X-ray: X dated X reveals the following: A X is present at X indenting the X. A X is present at X. Assessment: XX XX displacement. Plan: We discussed the differential diagnosis that may be causing X symptoms. I explained to the pt that my tx protocol starts w/less invasive tx options, which carry minimal risk, and advance to more invasive tx options, which may carry more risk, as need be until X is content. Conservative tx will be attempted. If conservative tx does not give prolonged pain relief, surgical intervention may be considered. The goal is to improve quality of life. I stressed the need for X. X should X and X to the affected area. We will try a new X in hopes to obtain better results. The X and X should be taken as prescribed. We discussed the dosage and intake regimen of the X. Warnings on common side effects were discussed. The pt should read the X prior to taking X. An X will be done of the X X to better evaluation the X discomfort as well as to rule out X vs. X X. I offered the pt a X. The pt understands the risk of X, X, X, X, X X and continued pain. The pt wishes to proceed with the X. The pt most likely hit X bent X X against a X of the X causing a X X. The pt only had X. X would benefit from further PT. Prescriptions: X and X as needed for pain.

X- URA Determination-XX, RN: Re: XX. On behalf of X, we decided that the services or treatments described above are not medically necessary or appropriate. This means that we do not approve these services or treatment. The principal reason(s) for denying these services or treatment: The claimant is a X year old X with a date of injury X. The claimant opened a X and did not X, resulting in the X. The claimant is diagnosed with other X, unspecified X. The current request is for XX. The clinical basis for denying these services or treatment: Regarding the request for XX, the ODG states, "Not recommended". X and Xs are not recommended by ODG. The guidelines do also state, "However, if the provider and payer agree to perform anyway, the following criteria should be met: Clinical presentation should be consistent w/X. 1) There should be no evidence of X, X, or X. 2) If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic X and subsequent XX (if the medial branch X is positive). 3) When performing X Xs, no more than 2 levels may be Xed at any one time. 4) If prolonged evidence of effectiveness is obtained after at least one X X, there should be consideration of performing a X. 5) There should be evidence of a formal plan of rehab in addition to X. 6) No more than one X X is recommended. In this case, the claimant has complaints of X. MRI of the X showed X indenting the X, X suggestive and consistent with X. Medical necessity is not established in accordance with current evidence-based guidelines. Recommend non-certification for XX.

X- Physician Notes-XE. X, MD PA: HPI: X X yr old X who on X while at X was helping to rule out a X and the X of X striking X in the X and X X. This was a X that struck X and pushed XX. X was transported to X where X was evaluated and discharged with instructions to f/u. X was later seen at X where X received PT and meds but X symptoms have not improved. An MRI was performed and X was referred here for additional f/u. The present X pain that began on X remains X. The X pain changes from 2-9/10. Aggravating conditions include: X. Alleviating conditions include: X X slowly. The pt reports having X that are reactive to the X. The pt also reports having X pain on the X greater than on the X and X X pain. The pt also reports having X and X since X. The symptoms are X the X X as well as the X X and the X aspect involving all X. Aggravating conditions include X Alleviating conditions include X. X reports that at times X X X denies X X. Pt reports that PT did not help but has not had any other type of tx. Physical Exam: X: Inspection: The X moves in smooth coordination with the body motion. Palpation: There is X X. ROM: There is painful X throughout the arc of motion, at the X of motion, w/X, w/X, w/X, w/X X, w/X and w/X. Negative for X. X-ray: X MRI w/o contrast dated X reveals the following: The X, X and X discs have X. X MRI w/o contrast dated X reveals the following: A central X is present at X. A X is present at X. Assessment: X. Plan: We discussed the differential diagnosis that may be causing X symptoms. I explained to the pt that my tx protocol starts w/less invasive tx options, which carry minimal risk, and advance to more invasive tx options, which may carry more risk, as need be until X is content. Conservative tx will be attempted. If conservative tx does not give prolonged pain relief, X may be considered. The goal is to improve quality of life. I stressed the need for X. X should apply X X to the affected area. The X should be taken as prescribed. The X results X. It would be beneficial for the pt to be authorized the use of X to be used while X X or is X. Since the pt has exclusively X w/O x, I offered the pt a X. The pt understands the risk of X X and continued pain. The pt wishes to proceed w/the X. Prescriptions: X tablet bid and X bid as needed for pain.

X- URA Re-Determination-X X, RN: On behalf of X, we reviewed the appeal of the UR denial determination for the tx requested on behalf of X that was received on X. It was determined that the request still does not meet medical necessity guidelines. The request was reviewed by a PA not involved in the initial review, X, DO, orthopedic surgery. Request: XX. The rationale used in making the determination: Principal reason and Clinical basis: This case involves a now X yr old X with a hx of an X claim from X. The mechanism of injury is detailed as a X of the pt striking the X and X X. The current diagnosis is documented as X. Comorbidities listed include X. This is an appeal to a previously denied request. The XX X were non-certified as the guidelines do not recommend X intra-X Xs. An MRI of the X dated X at X centered in the X in the X less than 2mm in AP dimension. Mild degenerative change of the XX. X with slight X. X change of the X. A progress note dated X X indicated the pt seen in f/u. The pt complained of burning XX X. The X changes from X. Aggravating conditions X Alleviating conditions include X. The pt reported having X that are reactive to the X. Also having X and X since X. The symptoms are X radiating along the X, X of the X on X as well as the X X and the X involving all X. Aggravating conditions include X. Alleviating conditions include X. The pt reported at times the X. The pt denies X X. The pt reported PT did not help but has not had any other type of tx. Physical exam of the X: There is X X. There is a painful X, w/X, w/X, w/X, w/X, w/X, w/R rotation, and w/X. Deep tendon reflexes to X X on the X. X performed on X demonstrated X X w/o X. Tx planned and all options discussed. Conservative tx will be attempted first. Stressed the need for X, X to the affected area. X. That pt has only had X. ODG does not recommend XX. However, if the provider and payer agreed to perform anyway, the following criteria should be managed: 1) There should be no evidence of X. 2) If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a X diagnostic X and X(if the XX is positive). 3) When performing X Xs, no more than 2 levels may be Xed at any one time. 4) If prolonged evidence of effectiveness is obtained after at least one X X, there should be consideration of performing a X. 5) There should be evidence of a formal plan of rehab in addition to X. 6) No more than one X intra-articular X is recommended. X intra-articular and medial branch Xs are not recommended by the ODG.

X- Physician Notes-XX, PAC: : HPI: X X yr old X who on X while at X was helping to rule out a X X striking X in the X and X X. This was a X. X was transported to X where X was evaluated and discharged with instructions to f/u. X was later seen at X Clinic where X received X and X but X symptoms have not improved. An MRI was performed and X was referred here for additional f/u. The present burning X that began on X X. The pain changes from 2-9/10. Aggravating conditions include: X. Alleviating conditions include: X. The pt reports having X that are reactive to the X. The pt also reports having X X pain on the X greater than on the X pain. The pt also reports having XX. The symptoms are X radiating along the X, X of the X as well as the X X and the X. Aggravating conditions include X. Alleviating conditions include X. X reports that at times X XX cramp up and lock in an open position. X denies X any objects. Pt reports that PT did not help but has not had any other type of tx. We received a denial for the previously requested XX. We also received a denial for the request of the X since the X is not a compensable body part for X X injury. PSH: Pt admits past surgical hx of XX. Physical Exam: XX: Inspection: The X moves in smooth coordination with the body motion. Palpation: There is XX. ROM: There is painful X throughout the X, at the X, w/X, w/X, w/X, w/X X w/X and w/X. Negative for X. X-ray: X(5V) done X reveals the X. A X MRI w/o contrast dated X reveals a X is present at X. A X is present at X: performed on X demonstrates X w/Ox. Assessment: Plan: We discussed the differential diagnosis that may be causing X symptoms. I explained to the pt that my tx protocol starts w/less invasive tx options, which carry minimal risk, and advance to more invasive tx options, which may carry more risk, as need be until X is content. Conservative tx will be attempted. If conservative tx does not give prolonged pain relief, x may be considered. The goal is to improve quality of life. I stressed the need for proper body mechanics. X should apply X to the affected area. The X should be taken as prescribed. We discussed the dosage and intake regimen of the X. The EMG results demonstrate XX. It would be beneficial for the pt to be authorized the use of X XX. Since the pt has exclusively X w/Ox, I offered the pt a X. The pt understands the risk of X. The pt wishes to proceed w/the. Prescriptions: X and X as needed for pain.

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

The request x is denied.

This patient was injured on X, when X was x and X. X has X pain associated with XX. X also has X. X X MRI demonstrates a small X X has mild degenerative changes in the X at X levels. X X. The treating physician has recommended X Xs at X.

The Official Disability Guidelines (ODG) does not recommend X X. These Xs can be considered for pain in patients with X, without X, X.

1. It is not clear from the medical record whether this patient has pain associated with the XX. The XX changes on MRI, which do not correlate with the severity of X symptoms.

2. The X and X should be addressed before considering invasive procedures on the X.

The X are not medically necessary at this point in time.

ODG Criteria

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)