

Applied Independent Review

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Information Provided to the IRO for Review:

Clinical Records X

- Texas Worker's Compensation Work Status Reports -X
- Peer Review Reports X
- Utilization Reviews - X
- Diagnostic Data Reports - X

Patient Clinical History (Summary)

X a X-year-old X who sustained an X. X was involved in an accident on X, which resulted in X status X. The ongoing diagnoses included X.

X. X was evaluated by X, MD on X for recurrent X pain and X, which occurred in X, as X did a lot of X during a X evaluation. X was status X and had been really doing well. X had X treated with X elsewhere. X felt X ongoing pain was similar to the pain that led to the surgery in X. On examination, X caused more X pain. Dr. X opined X. X may develop a recurrent X. The X due to X g could cause the same X pain. Dr. X recommended an X to rule out recurrent X.

X. X underwent a X in X. The study showed tilting between X and X which was a slightly old finding. An MRI of the X dated X showed new broad-based X that flattened the X, X producing X and X recess X, and associated. Mild chronic

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degenerative changes were again seen at X. The X plain films demonstrated a more X XX X XX relative to comparison imaging in X. A X was not identified.

The treatment to date included medications (X), X (not helpful), X (X), decompression of X, partial X, X and / or X on X.

Per a utilization review decision letter X and peer review dated X, the request for MRI of the X with and without contrast was denied by X, MD. Rationale: “While ODG (Official Disability Guidelines) X Chapter MRI Imaging topic acknowledges that claimant with recurrent X pain and history of prior X should be evaluated with contrast-enhanced MRI, ODG qualifies its position by noting that repeat MRI imaging is recommended to determine next treatment steps as there is evidence of a significant change in symptoms and/or findings suggestive of significant new X . Here, however, commentary made by the attending provider to the effect that the claimant was much improved following the prior X procedure, had no X, X etc., taken together, effectively argued against the presence of any issue which would potentially compel the request in question. There was, moreover, neither an explicit statement (nor an implicit expectation) that the claimant would potentially act on the results of the study in question and/or potentially consider a surgical intervention involving the X based on the outcome of the study in question. Therefore, the request is not medically necessary.”

Per an adverse determination letter X and peer review dated X, the prior denial was X by X, MD. Rationale: “The claimant presented with complaints of X pain. The examination of X revealed X without X, and negative X and strength was X groups. There are no abnormal physical findings. Furthermore, the claimant completed an MRI of the X. There is no evidence of significant change or progression in symptoms to warrant a repeat MRI. Thus, medical necessity has not been established. Therefore, the request for MRI of the X with and without contrast is not medically necessary.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

Based on the clinical information provided, the request for MRI of the X with and without contrast Magnetic resonance (e.g., proton) imaging, X and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar is not recommended as medically necessary, and the previous denials are X. There is insufficient information to support a change in determination, and the previous non-certification is X. The submitted clinical records indicate that the patient underwent a CT scan in X. There is no documentation of a significant change in clinical presentation since that time. There is no radiating pain to the X. There is no clear X. There is similar reflex in the X. It is reported that the patient has not done much X or X. Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is X.

A description and the source of the screening criteria or other clinical basis used to make the decision:

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- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)