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**Date notice sent to all parties: X**

**IRO CASE #: X**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified in Anesthesiology  
Fellowship Trained in Pain Management  
Added Qualifications in Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

X

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

Reports from X, M.D. dated X  
Operative report dated X  
Physical therapy notes dated X  
Report from X, M.D. dated X  
X MRI dated X  
Request for X therapy dated X  
Referral dated X  
Work hardening progress note dated X  
Reports from Dr. X dated X  
Requests for a X dated X  
Utilization review notices dated X

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

The patient is now a X-year-old X who was allegedly injured on X while X a X. It X causing the patient to X, X. X has since undergone several surgeries on the X to treat non-X of the X and X and has followed-up with Dr. X for continuing X pain. On X the patient was seen by Dr. X for continuing X pain in the X of the X around the X. X subsequently underwent repair of the X on X by Dr. X. X continued to have pain postoperatively, but by three and a half months following that X, on X, the patient stated X was doing “much better with decreased pain” and X was beginning to exercise on XX own. Physical examination at every postoperative visit demonstrated no point X, no significant X, and X with X. On X, the patient was seen by Dr. X stating X was “X better” with a pain level of “X.” Physical examination at that time demonstrated non-specific X. On X, the patient followed-up with Dr. X who again documented only X on physical examination. X ordered an MRI scan of the X, which demonstrated “progressed” high X of the X, as well as X when compared to prior MRI scan on X. Dr. X followed-up with the patient on X and stated the MRI scan showed “X changes with no new injuries.” X again documented physical exam findings of only X, X. The patient then completed 10 sessions of X with the recommendation for 10 additional sessions. On X, the patient was seen by Dr. X for pain management evaluation of his X pain. Physical examination documented “X, X changes not noted.” Dr. X recommended a X with consideration of X, X, or a X program. The initial review of the request for a X was denied by the physician reviewer, citing an inability to speak with Dr. X despite attempts to complete a peer-to-peer review. On X Dr. X followed-up with the patient, documenting that “X,” but had continued pain for which X was taking X. Physical exam again documented X. Dr. X followed-up with the patient on X, documenting exactly the same physical exam findings as initially and appealing the denial of the X. A second physician advisor reviewed the appeal and recommended continue denial of the X, stating that it did not meet the criteria.

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

According to the medical records provided to me and herein reviewed, there is no medical reason or necessity for a X. Although this patient continues to complain of X

pain, X has absolutely no physical examination findings of X nor other objective findings that would be otherwise suspicious for X at this time. Therefore, there is no medical reason or necessity to perform a X to evaluate this patient. Additionally, it is clearly documented on the MRI study recently done that there has been progression of the X, despite the surgery performed by Dr. X. With an essentially normal physical examination documented twice by Dr. X and no physical examination signs or subjective symptoms consistent with diagnosis of X, there is, therefore, no medical reason, necessity, or Official Disability Guideline (ODG) support for performing a X. Therefore, the previous adverse determinations are X at this time.

**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)