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An Independent Review Organization
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Information Provided to the IRO for Review

- Clinical Records – X
- Physical Therapy Notes –X
- Utilization Reviews – X
- Diagnostic Data Reports – X

Patient Clinical History (Summary)

X. X X is a X-year-old X who sustained an injury on X when X and X at work. X had sudden X in the X with severe worsening of X X X pain. The additional diagnoses included X X X, X X, and acquired X of X region.

X. X was seen by X X, MD on X for a follow-up for X ongoing complaints. X continued to have pain and X X X. The pain was rated at X. X continued to work while on X, but was able to modify X work activities according to X abilities. Dr. X recommended X) and (X) of the X. On X, X. X was seen by X X, MD for a follow-up. X continued to have constant X pain with radiation of pain and X of the X X. X was working full duties (X employer allowed X to modify X own activities). X stated there was no change in the pain level as compared to the prior visit. The pain was rated X. X noticed benefits of ongoing X management program including the ability to maintain a daily schedule. X had difficulty in X, X, X, X, X, and X secondary to X ongoing pain. On examination, X and X was noted. There was a X to the X X. The strength was 1+ at the X. X. X had moderate pain over the XX, X greater than X. X movements of the X X were noted. There was X in the X or X. The range of motion showed 0

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degrees of X, X degrees of X X, and X degrees of X and XX. X had X along the X, (X), and X.

A post X CT of the X X dated X showed status X and X level and status post X surgery at the X and X level with LX surrounding the X device at the X level, concerning for X. There were degenerative changes of the X X. There was a small, X XX.

The treatment to date included medications (X, X, X, X, X, X, X, X, X, and X), X, X, X program, X injection, and X including X.

Per a utilization review decision letter dated X, the request for (X) / X (X) of the X was denied by X., MD. Rationale: "Per evidence-based guidelines, X may be useful to obtain X evidence of X, after X therapy, but X are not necessary, if X is already clinically obvious. On the other hand, X(X) are not recommended, if there is minimal justification for performing X when a patient is presumed to have symptoms of X. In this case, the objective findings in the recent examination were limited to validate the need for X study. There was also no clear evidence that the patient had already exhausted all necessary X treatments. Guidelines do not support the use of any diagnostic procedure solely for X purposes. Based on the information provided, guidelines reviewed, and lack of successful peer discussion, the request is not medically supported at this time and thus, non-certified."

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Per evidence-based guidelines, (X) may be useful to obtain unequivocal evidence of X, after X therapy, but X are not necessary if X is already clinically obvious. On the other hand, (X) are not recommended, if there is minimal justification for performing X when a patient is presumed to

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have symptoms of X. In this case, the objective findings in the recent examination were limited to validate the need for X. X examination were not established in the recent medical to properly evaluate and have a clear picture of the patient's current condition to necessitate the request. There were X. X was noted to be self-reported and was over the X X, X, X and X however, there was also documentation of X and X was intact along the entire X. There was a normal X. Examination of the X X, X X, and X revealed normal X and X; however, it was also noted that there was X noted along the X, at the (X), and at the X.”

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 (X) / X study (X) of the X.X , X, each X, with related X areas, when performed, done with X, X study; complete, five or more X studied, X or X (List separately in addition to code for primary procedure) X X studies; 3-4 studies is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient's physical examination notes X X raising is X. X is intact along the entire X. X reflexes are symmetrical X. There is no documentation of a progressive X deficit. The patient continues to work full duty. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

- ACOEM-America ColXe of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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DWC-Division of Workers Compensation Policies and Guidelines

European Guidelines for Management of X Low X 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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a

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written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.