

# US Decisions Inc.

An Independent Review Organization

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## **Information Provided to the IRO for Review**

- Clinical Records – X
- Texas Workers' Compensation Work Status Reports – X
- Medical Records Review – X
- Utilization Reviews – X
- Peer Reviews – X
- Diagnostic Data Reports – X

## **Patient Clinical History (Summary)**

X. X is a X -year-old X who sustained an injury at work on X. X X on X and landed directly on the X. X was diagnosed with X initial encounter X

On X, X. X was evaluated by X, FNP-C for a follow-up of X X /X. X continued to have pain in the X X with decreased range of motion. The pain was located at the X of the X with X. On examination of the X /X, there was X to palpation over the X under X of the X and to X X over X. The range of motion was limited secondary to pain, X reduced to approximately 100 degrees, and X reduced to 100 degrees. The X was X. X. X had an appointment with X, MD on X for pain in the X t X. The examination showed that X had essentially X in the X, but actively X would X and X and then stops because of X. X had a moderate amount of X with active motion in the X. There was pain with X and some X. X had a very minimal amount of discomfort with X and had good tension on the X. X had discomfort with X. Dr. X recommended X along with X of the X.

X-ray of the X dated X showed the X. There was X. X-ray of the X X demonstrated X. There was X. An MRI of the XX dated X showed X with mild associated X and X; and moderate X of the X.

The treatment to date included medications (X), X X (X), and X of the X X almost X prior. X. X had failed several modes of X care.

Per a utilization review decision letter dated X, the request for X X X and X and X between X and X was denied by X, MD. Rationale: "There was no documented pain at X to fully meet the criteria for X. There were limited objective findings in the recent medical to necessitate the request for X. Although there was X with X, the patient had a X. Moreover, there was X documented to objectively evaluate the patient's current condition. X were not identified."

Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Per evidence-based guidelines, surgery is indicated in patients with X by imaging study and after X care. There was still no documented pain X meet the criteria for X. There was still limited objective findings to X. Although there was a X the patient had a full X. Furthermore, there was no X documented to objectively evaluate the patient's current condition. The previous adverse determination was upheld. There were no pertinent clinical or X that would require deviation from the guidelines, therefore this remains not medically necessary".

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

The ODG criteria for X have been met. The criteria previously applied or with regards to the X. In the setting of X, the ODG criteria include documentation of X pain with X over the greater X consistent with X. This be sufficient to support the proposed X.

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## ***Notice of Independent Review Decision***

Case Number:

Date of Notice: 05/28/19

The ODG criteria for X have not been fully met, but there is evidence of an on exam. From a clinical standpoint, this would be sufficient to add the X. With regards to X, there is evidence of X with X on exam. When noting that the criteria for operative intervention for the X have been met, the addition of the X would be reasonable. Based on the medical records provided, the requested service is medically necessary.

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

- ACOEM-America College of Occupational and Environmental Medicine
- 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 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 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

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Division of Workers' Compensation P. O. Box 17787  
Austin, Texas, 78744

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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.