C-IRO Inc.
An Independent Review Organization
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Patient Clinical History (Summary)

X with date of injury X. X was X.

X underwent X.

On X, X, MD evaluated X for an office visit. X complained of X. X was able to X. X pain level was X. X pain was described as X. The pain radiated into the X. The pain was associated with a specific event of X. The X pain was associated with a specific event work-related injury. X. The pain was relieved with X. On examination, X had X. X had X in the X. X was good. On X, X complained of X. X was able to X. X pain level was X. Physical examination remained unchanged as compared to prior visit.

An MRI of the cervical spine dated X, revealed X.

The treatment to date consisted of X.

Per an Adverse Determination Letter dated X, X, MD (X /X) had non-authorized medical necessity for X. Rationale: “Attempts at conducting a PEER to PEER review were not successful. Based upon the medical documentation presently available for review, Official Disability Guidelines would not support medical necessity for this specific request as submitted. This reference does not support medical necessity for the requested form of treatment to be provided as an isolated means of treatment. There is no documentation to indicate that the requested treatment is provided in conjunction with any other form of conservative

treatment with regard to management of the described medical situation. Consequently, presently, medical necessity for this specific request as submitted is not established for the described medical situation."

Per an Adverse Determination Letter dated X, X, MD (X) had non-authorized reconsideration for X as not medically necessary. Rationale: "This X patient sustained an injury on X and was diagnosed with X. Prior treatments included X. There is no rationale for X. This request is not medically necessary. The requested appeal for X is upheld."

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

This patient sustained a X injury for which a comprehensive array of treatments have been prescribed. X has been implemented with some relief, which included training in a X. X also has been implemented, for which the medical records indicate that the relief was limited. The requested X was addressed in two separate utilization reviews, both of which denied the service. The lack of rationale for the requested service and the lack of clarity as to why a X would not suffice were correctly cited as reasons. It is unclear whether X will afford any benefit to this patient. Given the documentation available, the requested service(s) is considered not 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

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- ☐ 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
- ☐ 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
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.