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An Independent Review Organization
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Patient Clinical History (Summary)

X who was injured on X. The biomechanics of injury were not available in the medical records. X was diagnosed with X.

On X, X was evaluated by X, ANP for X, MD. X complained of X pain and X pain. The X pain was located in the X region. The pain was described as X. It was X. The pain worsened by X. The pain was made better by X. The X pain was gradually worsening since its X. X was noted in the X. The pain was described as X. It was X. The pain was rated as X. The examination showed X was X. The sensory examination showed X decreased at X. The X. The X was X. The examination of the X showed X. X was limited by pain, in arising from a X position, and in all X secondary to pain. per an addendum dated X, X documented that in the note dated X, X had mentioned that X had X care with minimal relief. X had pain. X wanted to return to X, which was X. At the time, X had X. In addition, X did require X due to X due to the number of X had had. X was also taking X, which was in X.

X was seen in consultation with X, MD on X. X had had three previous X and was doing fine until in X, when X had an X of X symptoms. X was X. Since that time, X was complaining of increased X pain with extension of aching pain X. On the X, the symptoms X. X had some X as well as increased X. On the X, the symptoms were X, but X also had X. On examination, X demonstrated some X. X was diminished to X.

An MRI of the X dated X revealed significant X throughout the X. Moderate to severe X.

An X report dated X showed X. X showed X was with X. The X showed X. There were findings of active X. Additionally, there was an evidence of some X. There was no electrodiagnostic evidence of X.

Treatment to date consisted of medications X.

Per a utilization review determination letter dated X, and a peer review by X, DO on the same date, the request for X was non-certified. It was determined that a X MRI study on X, there was documentation of a X. According to an electrodiagnostic study report dated X, there was documentation of X having X pain and X pain with previous X. Physical examination revealed that X was in X, X. There was limited X due to pain and otherwise, the physical examination was unremarkable. The treatment plan included X. However, there was a discrepancy in the request for theX . Also, with X present, that would not support the need for an X based on the guidelines as while the use of X in patients with X was common, there was little evidence in the literature to demonstrate its long-term benefit. Therefore, the request was non-certified.

Per a reconsideration review letter dated X and a peer review dated X, X, MD indicated that the reconsideration request was denied. Rationale: "The medical necessity of the requested X has been evaluated by, but not limited to, a review of the associated medial file's documentation of X (due to X , but not X); objective findings on examination, X must be corroborated by X; initially unresponsive to X treatment (X); and no more than X. Within the associated medical file, there is documentation of the X UR determination identifying that an adverse determination was rendered due to a lack of documentation of diagnostic evidence of X demonstrated on MRI at the X levels to corroborate the exam findings' and that excessive X should be avoided. Addendum to the X medical report identifying that the injured worker does require X due to X and is already taking X; there is now

documentation of positive imaging findings at each of the requested levels, and a rationale for the request for X. However, despite documentation of X treatment (X). In addition, given documentation that the plan is for X; there is no documentation that no more than X levels are to be X. Therefore, I am recommending non-certifying the request for X.”

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

The Official Disability Guidelines discusses X. X are generally indicated early in the course of an injury in order to facilitate initial active functional restoration. An X generally is indicated when there is a X such as a X.

In this case, the medical record does not document a X. Thus, this is a X condition in which the patient has undergone extensive prior treatment. The treatment guidelines do not predict the likelihood of meaningful or meaningfully prolonged benefit of such treatment in this setting. Therefore at this time, the request is 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
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- 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
- 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

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.