

## **IRO NOTICE OF DECISION**

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

X- Chart Notes-X, DC- The patient presented for injuries sustained in a work-related injury which occurred on X. The patient stated while working as X. X felt pain initially and decided to "X", but noted X. X performed through previous provider was positive for X. The patient rated current pain X. Pain is provoked by X. X goes out from under X more frequently now. X Exam: Visual Evaluation of the X noted findings of X. X. Using X. X of the X noted X. Assessment: X of unspecified site of X. Plan: The patient will remain off from work due to the severity of their condition in which any work duties will severely aggravate or worsen the condition. A X is needed to address functional X.

X- Progress Summary-X, MA, LPC- The patient has completed X. Please consider this as a request for X.

X- Office Visit-X, MD- Patient has been going to X but still needs more X because X has X. Exam: X, Inspection -X. The patient has a negative X sign, but significant X is present. Recommendations: Patient continues to have severe pain in the X. Patient has significant X.

X- Chart Notes-X, DC

X- UR performed by X, MD- Rationale for Denial: According to an office note on X, there was documentation of the injured worker having X pain with previous X and was reportedly going through X, but needed more X because of X. Physical exam revealed X otherwise physical exam was unremarkable with the treatment plan to include X. However, the injured worker is currently in a X would be considered a duplication of treatment as this would already be part of the X. Therefore, this

request is not in accordance with the guidelines criteria and is non-certified.  
X- UR performed by X, MD-Rationale for Denial: ODG recommends for, "X:" Within the associated medical file there is documentation of subjective findings of X pain. The pain is rated as an X. Objective findings include X. The X test is positive. The X test is positive. There is X. However, there is no clear documentation to indicate exceeding the recommended maximum X visits over X weeks. Therefore, given an inability to have a discussion with the requesting physician to accept modification (certifying the request for X, I am recommending non-certify the request for X.

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

Determination: Denial of X is UPHELD/AGREED UPON since the request exceeds ODG recommendations and time frame for submitted diagnoses of a case now over X years post injury and X year post X, and given recent attendance of at least X. The request for X is not medically necessary currently.

**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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)