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Patient Clinical History (Summary)

X who sustained a work-related injury on X when X was X. X felt a X.

X was seen by X, PT /X, MD on X for X pain. X continued to have X pain and significant difficulty with X, which limited X. The X examination revealed X. The X was limited with X degrees and X degrees. The X degrees and X degrees. The X. X was able to perform the X test (X was fair. The X showed X. There was moderate decrease with X. The X scale showed a score of X

An undated MRI of the X showed X.

The treatment to date included medications X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "The medical necessity of the requested X has been evaluated by, but not limited to, a review of the associated medical file's documentation of not exceeding X. Within the associated medical file, there is documentation that the patient is status X. In addition, there is documentation of X treatments. Furthermore, there is documentation of objective findings X. However, the requested additional X. Therefore, certification of the requested X is NOT recommended."

Per an appeal review adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: The medical necessity of the requested X has been evaluated by, but not limited to, a review of the associated

medical file's documentation of not exceeding X. Within the associated medical file, there is documentation of a previous adverse determination rendered due to a concern that the requested X would exceed guidelines. In addition, there is documentation that the patient is status X. Furthermore, there is documentation of X completed to date, which increased X. Moreover, there is documentation of objective findings (X). However, given a request for X, the prior adverse determination's concern that the requested X would exceed guidelines, has not been addressed. Therefore, certification of the requested X is NOT recommended."

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

The ODG recommends up to X following X. The provided documentation indicates the injured worker underwent X. When noting X have been completed, the request for X would not be supported, but the ODG would support X. Based on the provided documentation and ODG recommendation, the request for X is not medically necessary, but X is medically necessary. Recommendation is for partial overturn with certification of X. Given the documentation available, X would be considered 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.