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An Independent Review Organization
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Patient Clinical History (Summary)

X with date of injury X. X had a X injury at work when X. X.

On X, X was evaluated by X, DPM in a follow-up of X work-related problem. X had been working but had a lot of pain and X. At work, X had to be on X. X was significantly limited and X had to X. The pain was significant with X. X got the X, but could not X. X also had X pain, for which X took X and wanted to have a different medication as the X was not helpful. X had tried X, which X did not like. X reported that a specialist in X. X stayed X, but X put some X. X eventually got X for a X. X did not find any great help with that. X was transferred to X. X worked X. X then worked full time at X. X did not feel that was X. X stopped X. X had pain on some days if X, but overall felt like doing much better. X had a chronic pain in X, which was X. The X examination showed X. There was X. The X felt to be X with no significant X. X was noted.

X of the X showed X. The X appeared to have X. An X of the X. X. There was X. X of the X showed a X. There were X changes at the X. There was X at the X. X of the X showed changes of X. X was seen and X was noted. The X of the X demonstrated X. The X space was widened. The X of findings was most likely related to X. A X of the X.

Treatment to date consisted of medications (X).

Per a utilization review determination dated X, the request for X was denied. It was determined that on X, the request had been non-certified for X. It was noted that according to the evidence-based guidelines, surgery for X was generally not recommended. Dr. X had evaluated X on X. X had been working but reported a lot of pain and X when X worked. X had been on X. X had been significantly limited. Diagnoses of X were noted. Examination findings included X. The X. There was also X. The X appeared to have X. It was noted that X clearly had X. Given that surgery had not been certified, there was no indication for a X. Therefore, the recommendation was to non-certify the request for X.

Per a Reconsideration Adverse Determination letter dated X by X, MD, the request for X was non-certified. It was noted that on X, the request had been again non-certified without the request for X for the following rationale: "As noted above, a request for X was previously non-certified as the guidelines do not support X. The physician has now removed the request for X. However, it remains relevant that the Official Disability Guidelines do not recommend any type of surgery for X. Based on the peer discussion, the provider feels the main complaint is pain from X. There are no findings supporting that X treatment is needed at that level. No further changes were presented since previous submission on either X or enhanced imaging. Based on this information, the medical necessity remains unsupported." The records now include an X request for review by an independent review organization. It was noted that the condition is not life threatening. The denied service was described as " X." The current rationale was: "Given that X has not been certified, there is no indication for a X. Therefore, my recommendation is to NON-CERTIFY the APPEAL for X."

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

Given the documentation available, the requested service(s) is considered not medically necessary.

The previous reviews noted the requested X had not been certified. As such, there was no indication for a X. Therefore, the recommendation was to non-certify the request for X. I would agree and would uphold the previous denials based on the information I was given for review.

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.