



Specialty Independent Review Organization

Notice of Independent Review Decision

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a case of a X patient who sustained an injury on X when X. Per office note dated X, all lower levels of care have been exhausted. Patient complains of X pain X injury at work. An MRI of the X was positive for X. Pain level is X.

Treatments include X. Examination showed X noted, X pain program does help, but the patient is still in severe pain and their mood is X. Medications include X.

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

Per guidelines, X(X) is recommended only as an end-stage treatment alternative for selected patients after failure of at least 6 months of less invasive methods, and following a successful temporary trial. In this case, the patient complained of X pain that X. The pain was described as a X. A request for X was made. However, there was no indication that strong X in adequate doses have failed to relieve pain. It was not noted if contraindications such as X have been evaluated prior to the trial. Moreover, submitted documents did not demonstrate objective evidence of adequate course or provision of other forms of conservative treatment measures aside from physical therapy. Also, since the request was a X, research stated that other X (including X) have been used for X pain but are non-FDA approved and have little research associated with their use. Exceptional factors were not established.

The request was a X, research stated that other X (including X) have been used for X pain but are non-FDA approved and have little research associated with their use.

Exceptional factors were not established. Therefore, 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- 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY 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)**