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### ***Patient Clinical History (Summary)***

X who was injured while working as an X. X injured X X.” The ongoing diagnoses included X.

X was evaluated by X, MD on X. X presented for a X history of X pain and X pain. The X pain was X. The X pain was described as X. The symptoms were aggravated by X. X woke up from sleep at night due to the pain. X found some relief by using X. The associated symptoms included X. The symptoms X. Examination noted a body mass index of X. On examination of the X, X showed X degrees of X and X degrees of X. X examination showed X, X. X test was positive on X, X. X test was positive on the X. Dr. X recommended X on the X to focus on X and provided prescriptions for X.

X underwent a X initial evaluation on X by X, X. X had injured X X on X. X had seen an occupational medicine doctor who diagnosed X with X. X went to X for X weeks with worsening of symptoms. X was referred back to X doctor. An MRI of the X was negative. X then had an x-ray of the X per the neurosurgeon. X saw the neurosurgeon in X and was referred for a second round of X. X reported that the doctor wished X to have X, but Workers' Compensation did not approve. X was unable to work secondary

to X. X was restricted from X. The X pain ranged from X. It was ameliorated by X, X. It was noted that X could not sit more than X, X were limited due to pain, and X had difficulty with X due to pain at the X. X job as an X required X to be able to X to return to work full duty. The X Disability Index score was X indicating X impairment. The X Functional Scale score was X indicating X impairment. X test was positive on the X. The X test was positive on the X. It was noted that XX X was unable to perform job-related tasks such as X due to pain levels. X assessed that X presented with X pain diagnosed with X after work-related injury. X was unable to work at the time secondary to X. X presented with impaired X, positive special tests for the X, and impaired functional mobility evidenced findings. It was felt that X would benefit from X. The plan was to proceed with X, X sessions per week for X weeks.

An MRI of the X done on X, was reported as normal. X-rays of the X on X showed X X.

The treatment to date included medications (X), X (not helpful).

Per a utilization review decision letter and a peer review dated X, the request for X was denied by X, MD. Rationale: "The injured worker presents with positive clinical examination findings and functional limitations preventing X from performing X job duties at this time. The injured worker has reportedly attended X at initial onset of injury with increased symptoms post therapy. The injured worker had previously been approved for X sessions. However, it is reasonable to restart a trial or short course of further therapy at this time as injured worker continues with positive findings that have thus far been unresponsive to medications, rest, and modified activity level. Therefore, based on the above clinical findings, the request is modified to X additional X session to X to included X to allow for a short course of treatment to then assess response."

Per a peer review by X, MD dated X and a reconsideration review adverse determination letter dated X, the appealed treatment / service request of X

to include X, was denied. Rationale: "ODG recommends for X region: medical treatment X visits over X weeks. Within the associated medical file, there is documentation of subjective findings of X pain. The injured worker reports attending therapy after the initial injury with worsening of symptoms. Objective findings include X at the X, the X, and the X. There is decreased X. There is decreased X. There is a positive X test and a positive X. However, there is no clear documentation to indicate exceeding the recommended maximum X visits over X weeks.

Furthermore, there is no clear documentation of derived functional benefit from the previous sessions and the authorized therapy sessions to date should have provided ample time to transition the injured worker into a dynamic home exercise program to further address any ongoing deficits. Therefore, I am recommending non-certifying the request for Reconsideration for X."

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

Based on the clinical information provided, the request for X X Patient re-evaluation established plan care, X Therapeutic exercises and treatment for strength and movement recovery, X Re-learning neuromuscular movement, X Manual therapy techniques, each X minutes, requiring direct contact with physician or therapist, X Therapeutic activities that involve working directly with the provider, X Self-care management training is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. MRI of the X is reported as normal. On physical examination X are normal. Sensation is normal. X is negative. X is X in the X. There are no significant functional deficits documented which would benefit from additional supervised physical therapy. There is no documentation of significant and sustained improvement with prior physical therapy. There are no contraindications to a home exercise program documented. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise

program. Given the documentation available, the requested service(s) is considered 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
- Texas TACADA Guidelines
- 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.