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Patient Clinical History (Summary)

X who was injured on X. X had developed symptoms of pain in the X. X was diagnosed with X.

X was seen by X, MD on X. On X, X presented for X. X did not report any complaints at the time. The symptoms were aggravated by X. The pain was rated at X study dated X was normal. On X, X reported that the symptoms had returned at the X. This was most likely X. The symptoms were X. The pain was rated at X. On examination, there was X directly over the X. Mild X was noted at that region. X had pain with resisted X. The plan was to proceed with the X.

The treatment to date included medications (X), X on X and X (helpful), and X including X.

X-rays of the X dated X showed X.

Per a Utilization Review Decision letter dated X, the request for X was denied by X, MD. Rationale: "Regarding the request for X, the patient has X pain and has had X over the past X months (X). The most recent

examination dated X notes X pain and a negative physical examination. There is no clear indication for the requested X: no evidence of failed use X (X) or X. Medical necessity is not established in accordance with current evidence-based guidelines. The case discussed with the nurse who called on behalf of a physician. Reviewed case, guidelines, rationale X notes the patient has been getting X every X months or so for the last X years. No new extenuating circumstances identified. Recommend non-certification for X.”

Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: “The previous review was completed on X, which the request for the X- was denied due to no clear indication for the requested X, no evidence of X and the patient noted getting X every X months for the X years. In this case, the patient was status X. The patient was not complaining of pain and doing well. The examination was negative for any X. The patient's last X was performed on X, which provided significant relief prior to the X. The patient had an X. However, the patient indicated that X just wanted to be observed at this time. Furthermore, "X" contributes to the X. Therefore, the recommendation for X, is noncertified.”

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

The ODG does not recommend X for another X. When approval occurs outside the scope of the guidelines only a one-X is recommended. Guidelines indicate that the repeated use of X may contribute to further X and do not recommend X repeated less than X weeks or more than X. The documentation provided indicates that the injured worker has ongoing complaints of X pain. A recent physical examination documented pain at the X with tenderness and mild X exam. Additionally, there was pain with resisted X. The injured worker has previously received X on X. The treating provider has requested an additional X. Based on the documentation provided, the ODG would not support the requested X as they are not recommended for X, and guidelines indicate that the repeated use of X may contribute to X. The injured worker has had previous X with no sustained relief, and it is unclear why X would be recommended at this time. 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
- 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.