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Patient Clinical History (Summary)

X with date of injury X. X was working as a X. The diagnoses were X. X, MD evaluated X on X for X pain radiating to the X pain. The pain was continuous and frequently severe and modified by increase in activity level. The examination revealed signs of X.

A Quantitative X (X) was completed by X, X on X. The X results were considered X with most tests due to X pain. X did not meet the X requirements for the job. It was critical that X had improved X for maximum job performance. Initial job physical demand level (PDL) requirement was X. X was performing at a sedentary physical demand level at the time. A X with emphasis on X to address X, learn pain X, and train in X was recommended.

A X Evaluation was completed by X, MA, LPC on X to determine significant impairments in daily functioning, failure to return to work, and concern that X mental status was having an adverse impact on X ability to participate in or respond to appropriate medical treatment. X reported problems with X. X severity index score was X (moderate clinical X). X components scale score was X (severe X). Pain intensity scale score was X (moderate pain intensity). X inventory score was X (moderate central X). Pain X questionnaire score was X (severe X). Generalized X disorder score was X (moderate X). Patient Health Questionnaire-X score was X (moderate X). Quick inventory of X score was X (severe X). The diagnoses included X. A X program was recommended.

On X, X was seen by Dr. X for a follow-up. X had a double denial. X was not at MMI. The reason given by the designated doctor included that X had X sessions of X and had not had the treatment opportunity for X. Based on the documentation and designated doctor examination, X was a candidate for a X program.

An X of the X dated X revealed an X study. There was electrodiagnostic evidence of a X. Per an MRI of the X dated X, at X, there was mild X. At X, there was X. At X, there was a X. At X, there was a broad-based X. At X, there was a X. There was a X. At X, there was a mild X. An MRI of the X. X signal alteration involving X might represent X.

Treatment to date included medications (X), X.

Per a utilization review determination letter dated X by X, MD, the requested service of X was non-certified. Rationale: "Regarding the request for X, the ODG Pain Chapter recommends early intervention with a multidisciplinary approach for patients as identified above. In this case, the patient does not appear to meet the criteria. Per Dr. X office note dated X, the patient has "X". X may also be a candidate for X (X). X continues to adjust medications to "find the sweet spot". The claimant has not completed X treatment in the form of diagnostic testing. The case was discussed with staff who called on behalf of the physician. X confirms that X treatment is ongoing, and X continues to be an option. As such, medical necessity is not established. Recommend non-certification for X.

Per a utilization review determination letter dated X by X, DO, the request for X was denied. Rationale: "According to guidelines, an adequate and thorough multidisciplinary evaluation had been made. This should include pertinent validated diagnostic testing that addresses the following; a physical examination that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out X, including imaging studies and X (used for diagnosis) should be completed prior to considering a patient a candidate for a program. Documentation

was provided that include an X noted that the patient had X and relief could be provided by a X. As such, medical necessity was not established as it was noted that the patient would have ongoing treatment. I called and did the review with X, the doctor supervising provider. The patient has not had any X, did have a X, no other information was given to justify request. Therefore, the request for X is non-certified.

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 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. A X evaluation indicates that effort was good on the testing, but highly variable depending on the area tested. The patient shows severe to extreme X ; however, there is no indication that the patient has received X. It appears that the patient continues to have a X option available to X. The Designated doctor evaluation dated X indicates that diagnoses are X as well as X. The patient has only had about X weeks of care, and the claimant may need to receive more X care. The patient would be a good candidate for X. Given that the patient has not completed X and remains a potential X, medical necessity is not established in accordance with the Official Disability Guidelines.

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.