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An Independent Review Organization
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Patient Clinical History (Summary)

X who sustained an injury on X. X was a X. X was diagnosed with X.

X had an appointment with X, MD on X for X pain. X had X in X and did well up to X, when X injured X. Since then, X had X pain X into X. The symptoms were associated with X. The pain was X with X. The X examination showed X degrees, X degrees, X degrees. There was X in the X. X test was positive on the X. The X was X. X test / X(X) X test was positive X. X was working full time.

X-rays of the X dated X showed status X as well as X.

The treatment to date included medications (X), X.

Per a utilization review decision letter dated X and peer review dated X, the request for X was denied by X, MD. Rationale: "Regarding the request for X (X) to the X, ODG notes X are recommended as a possible option for short-term treatment for X pain (defined as pain in X) with use in X with active rehab efforts. They are not recommended for X or X pain. Indications include symptoms initially unresponsive to X treatment (X).

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Criteria for use of X include, Therapeutic phase: If after the X are given and found to produce pain relief of at least X pain relief for at least X to X weeks. Additional may be supported. This is generally referred as the “X”, Indications for X include X of pain, or new onset of X , no more than X levels should be injected using X, and no more than one X level should be X as one session. The general consensus recommendation is for no more than X per region per year. Within the documentation available for review, the request is for X. There is documentation of X pain. However, there is no clear documentation of reduced medication use or functional benefit from the prior X. “Therefore, the request for X is not medically necessary.”

Per a clinical note dated X by X, X got X pain relief from the X procedure.

Per an adverse determination letter dated X and peer review dated X, the prior denial was upheld by X, DO. Rationale: “Based on the documentation provided and per ODG 2019, the requested X is not considered medically necessary at this time. Though the claimant has a history of X pain with X secondary to work-related injury, the claimant previously had a X on X with no documentation of percentage relief nor length of time of relief. Additionally, on X, the claimant was being scheduled for a X. Per the ODG, ‘X’: if after the X are given and found to produce pain relief of at least X pain relief for at least X weeks, additional X may be supported. ‘Given that the claimant did not get any significant length of time of relief, the request is not supported. Therefore, the appeal request for X is not medically necessary.”

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

This patient is under review for a X for treatment of X pain secondary to X injury sustained while working. The medical records were reviewed including two prior expert utilization reviews that denied the request. Both reviewers correctly identify the key pathophysiologic events in this patient including the history of X, the clinical and radiologic findings that indicate

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severe X. The choice of a X approach to an X is clinically justified in this patient considering the prior X. A prior X was according to the provider effective in that more than X pain relief was achieved. However, the ODG requires more complete documentation of response to an X, before a repeat may be authorized. Both reviewers correctly identified the paucity of information on documentation of response, i.e. duration of pain relief, effect on function, and any associated reduction in use of medications. 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
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)

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- 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.