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Patient Clinical History (Summary)

X with a date of injury X. X was X. X reported once X , X. When X intially X. When X, X started X. X was diagnosed with X.

On X, X was evaluated by X, MD for the X pain. The X pain was localized to the X, rated as X. The pain X in a nonspecific and X. The pain was described as being X. It was X. The onset of the symptoms was associated with an injury at work, where X. X was taking X.

Electromyography (EMG) / nerve conduction study (NCS) study dated X was suggestive of X. There was an evidence of X at the X(as seen in the X). Also, there was an evidence of X. X had X. X had mild increase in the difference between the X.

An MRI of the X dated X revealed X. At X, there was X.X. At X, small X, X were noted. At X, there was X were noted. At X, there was mild X. Severe

X were noted. At X, there was small X noted. X was seen with an X, appearing closely related to X. X-ray of the X demonstrated X.

Treatment to date consisted of medications (X without relief X.), X (with minimum relief), X(with minimum relief), and X(with X),

Per a utilization review determination letter dated X, the request for X was denied. It was determined that the Official Disability Guidelines allows consideration of X only in exceptional circumstances where there was documented X and corroborating evidence of X on advanced imaging and / or electromyography (EMG). The EMG result reported a diagnosis that did not make sense and there was no documentation of an MRI correlation. Recommend denial as there was not enough documentation to support medical necessity.

Per an Adverse Determination Letter dated X, the request for X was denied. It was determined that the Official Disability Guidelines did not recommend X, given the serious risks of the procedure and the lack of quality evidence for sustained benefit. While not recommended, X might be considered as an exception to the guidelines if certain criteria were met. Specifically, there should be a documented X including X and corroborated by X testing and pain initially unresponsive to X (X). In the case, X continued to have pain despite X. A previous denial on X cited a lack of MRI-corroboration of X. (MRI) of the X dated X documented at X X contributing to severe X, likely X variety. There was severe X. Guidelines require "X" of X to warrant an X. Per the medical record dated X, the physical exam findings of the X were all normal. In the absence of X exam findings of X was not indicated, Therefore, the request for X was not medically necessary. Therefore, the previous adverse determination was upheld.

A letter dated X indicated that the reconsideration request for X was non-certified. Rationale: “The guidelines do not support the use of X given the serious risks of the procedure and the lack of quality evidence for sustained benefit. If performed, the guidelines require objective evidence

of X on physical examination and corroboration by imaging studies and / or electrodlagnostic testing, as well as failure of lower levels of care. There is no objective evidence of X on physical examination. There is no objective documentation supporting exhaustion of lower levels of care such as a X. The use of X is not supported, and there is no documentation of X to support the use of X. The request for X is not certified."

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

The request for the X was denied based on a correct assessment of the patient's condition. The clinical picture does not support a X. There is X correlation between the X findings. Guidelines state that X may be indicated if the response to a prior X produced more than X pain relief for at least X weeks. X did not meet this requirement. X have come under increased scrutiny in recent years because of safety and limited efficacy concerns. There are no exceptional factors in his patient's history. 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.