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Patient Clinical History (Summary)

X who was injured at work on X, X. X initially had a forceful X injury of X X and then the end of the X. The work-related accident ultimately resulted in a X. The ongoing diagnosis was X.

X was seen by X, FNP-C on X. X stated X had a X evaluation X weeks prior, but X continued to have pain in the X with decreased X. On examination, the X were healed without any signs of X. X examination showed X. There was limited X, with X reduced to approximately X degrees, and abduction reduced to approximately X degrees. The X was diminished. X was to continue work with restrictions. X would be consulted for a highly X.

On X, X was evaluated by X, MD for X pain. X had pain in the X since X work-related injury. X had no real treatment for the X other than an evaluation by X who recommended an MRI of the X before any therapy was done. The examination revealed X. There was a little bit of X over the X. X caused discomfort along the course of the X and slightly in the X, but the X. X had good strength in the X and very minimal discomfort with X. There was no evidence of instability in the X. Dr. X assessed X had a X,

which was moderately X for X and did not allow X to return to work as a , and recommended X.

X-ray of the X dated X showed no acute X. An MRI of the X dated X revealed X. The lateral edge of the X contacted the X to some high signal within the X. The findings were X with an associated X. X was detected. No X was identified.

Treatment to date consisted of medications (X), X(X), and work X.

Per a utilization review determination letter dated X by X, MD, the request for X was not certified. It was determined that the records submitted for review would not support the requested procedures as reasonable or necessary. X described ongoing X pain. The ongoing physical examination did not identify any X consistent with a X. The provided MRI study was a non-contrast study and could not confirm a X. The records also did not document the failure of non-operative measures as recommended by ongoing evidence-based guidelines. Given these issues which did not meet guideline recommendations, the reviewer could not recommend certification for the surgical request. Therefore, non-certification was recommended.

A utilization review determination letter by X, MD dated X, indicated that the reconsideration request was denied. Rationale: "According to the Official Disability Guidelines, surgery for X is recommended after X months of X treatment (X are significant enough to justify surgery. The history, physical examination and imaging should indicate a high likelihood of a X. The patient has complaints of X pain. MRI demonstrated findings suspicious for a X. However, there is no evidence of positive examination findings supporting a X. Moreover, the patient has not had at least X months of X treatment to include X. Therefore, surgery is not supported. As such, the request for X, is non-certified."

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

The ODG recommends surgery for X when there has been a failure of X months of X treatment with X and there are persistent symptoms and/or functional limitation significant enough to justify surgery. The provided documentation indicates that as of X, there was persistent X pain approximately X months out from injury. That note indicates there had been no treatment for the X other than evaluation by physical therapy who recommended an MRI of the X before any therapy was done. An MRI of the X revealed findings suspicious for a X. Given the duration of symptoms and lack of documented treatment failure with X, the requested X is 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.