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PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. X was X. The diagnosis was X. X was seen by X, MD on X and X. On X, X presented for X. The pain X. The pain was described as X. It was rated X. The symptoms were better with medications X. X was able to X. The onset of pain was associated with a specific event, work-related injury. The X examination showed X. X were diminished in the X. X test was X. X in the X were noted. There was X. On X, X presented for a follow-up of X. The pain remained essentially unchanged as well as the examination findings. An MRI of the X dated X revealed X. The treatment to date included medications X. Per an adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Guidelines support the use of X. In this case, the patient continues to have pain despite X. There is objective evidence of X on exam which includes X. However, the latest MRI dated X documents X. However, guidelines state 'X must be X.' The clinician has provided documentation of X. However, there was no successful peer to peer contact, therefore the request is non-certified." Per a utilization review decision letter dated X and peer review dated X, the prior denial was upheld by X DO. Rationale: "The patient is not a candidate for the X as the MRI X. X is not a candidate for the X as there was no modification possible. X has X on exam but not confirmed by MRI, so this is clinically not relevant. X does have X but there was no MD contact to modify out the X in order to approve the X."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

As noted in the prior physician review, the Official Disability Guidelines recommends X in situations when a patient has symptoms, examination findings, and diagnostic studies which correlate to confirm a X. Although there may be X, there is X noted on imaging. Without further clarification, this request cannot be considered to be medically necessary.

Given the documentation available, the requested service(s) is considered not medically necessary, therefore the request is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES