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Patient Clinical History (Summary)

X who was injured on X. X was X. The primary diagnosis was presence of X.

On X, X was seen in follow-up by X, MD for X. X was X. X continued to have an X. On examination, X had a X. X walked with a X. On X, X was evaluated by X, PA-C. X had been experiencing pain to the X. X had not yet returned to X, as X was unable to X. X examination revealed X. X had a well- X. X underwent a X evaluation by X, X on X. Based on the assessment of functional activities, X exhibited X at the X. It was noted that X job description for the position of X. X did not meet the X requirements of X. Limiting factors included X. X for X and X was recommended. On X, X was seen by Dr. X. X continued to have X. X extremity examination revealed X with X. Dr. X noted X continued with X.

An MRI of the X dated X was very limited X. It was associated with a X. X versus X was noted within the X. X involving the X suggesting a X reaction, X. Examination was noted to be very limited X. A X x-ray dated X showed changes of X. A X x-ray dated X showed a X. There was X noted.

Treatment to date included X.

Per a utilization review dated X by X, MD, a request for X, X, was noncertified. Rationale, "This request is not supported. The X examination on X was unremarkable except for X. The claimant's occupation is not

stated to potentially support a X. There was also no demonstrated failure to X. Without any support for participation in a X, the request is not medically necessary.”

Per a utilization review dated X by X, MD, a reconsideration request for X, was noncertified. Rationale: “Based on the clinical information provided, the Reconsideration Request for X is not recommended as medically necessary. The initial request was noncertified noting that X examination on X is unremarkable except for X. This claimant’s occupation is not stated to potentially support a X. There is also no demonstrated X. Without any support for participation in a X, this request is not medically necessary. There was insufficient information to support a change in determination and the previous noncertification is upheld. There is no specific information provided X. The request is nonspecific and does not indicate the duration of the requested program. Current evidence-based guidelines would support up to X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.”

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

The ODG supports up to X. Based on the clinical documentation provided, the injured worker underwent a X. They underwent a X evaluation on X and exhibited a X. The past treatment has included a course of X. On the most recent X examination, there was X. The previous reviews indicated that a X evaluation and X; however, the documentation does suggest that an X was performed. Regardless, an X. While a X may be indicated, the specific frequency and duration is not documented to support the request. Based on the ODG recommendations and available information, X, unspecified frequency and duration 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.