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Patient Clinical History (Summary)

X who was injured at work on X. X sustained X. X had been X for treatment. X had X.

On X, X, PhD performed a X consultation. X was referred for evaluation of possible X. Per the note, X was working as a X. They had pulled the X. As this continued and X. They shut down the X. The X was X, and X and another X. The X. X saw a X. The X to the ground. X was taken by X where X was found to have X. Records indicated X had X. A coworker, who was X. X managed to get X to safety, and the X. The X succumbed X. Over the first week or so following the event, X started experiencing X. X had X. The themes of the X. X had been especially X. X had also reported pain in the X. X expressed X. On X status examination, X. The rest of the X status examination was within X. Per a progress note dated X, Dr. X documented that X was X during the session and was X. X described X. X said that at times, X could still X. X continued to frequently have symptoms associated with X. This measure suggested a severe level of X. On X, X continued to have X. X had daytime X. X had X. While X had X, X always knew that X could return to work. With this injury, X. X underwent X from X through X.

The treatment to date consisted of X.

Per a notification of adverse determination dated X, X, MD non-certified the request for X. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines

referenced above, this request is non-certified. Per evidence-based guidelines, X is recommended up to X visits over X weeks (individual sessions), if progress is being made. Per nurse clinical summary, the patient had been authorized for X to date. A request for continued X was made. However, there was no office visits presented in the medical records to evaluate patient's current condition. There was no X evaluation submitted for review to validate X. In addition, there was no actual X report submitted for review to validate X. Furthermore, the current request exceeds the guidelines recommendation.”

Per a notification of reconsideration adverse determination dated X, X , MD non-certified the request for X. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. There is no documentation of any objective functional improvement. The patient reported X.”

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

Based on the review of the medical records provided and evidence-based medicine the request is non-certified. Per evidence-based guidelines, X has evidence-base benefit based on X and there is no evidence to support the efficacy of X. Also, there is no documentation and/or objective measures of the process of the illness to determine the necessity of X. 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)
- 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.