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Patient Clinical History (Summary)

X who was injured on X. X was at X. The diagnosis was X.

X, MD saw X on X with a X. During the day, X was fine. X had X. On examination, X had a X." X saw X on X for X. X had X. X reported X. X had X. X assessed that some of X symptoms could probably be attributable to problems at X. Certainly, X could result from the X. "To my assessment today, X does not yet have profound symptoms of X; however, based on the imaging findings, X is clearly at risk for X." No social history or past medical history was documented. The progress note by X dated X detailed that X had ongoing complaints of X. It was stated that X had been recommended for X. The documentation provided detailed that since the workplace injury, X had X. X reported that the pain X. It was stated that due to extreme X, X had ended up on the X. Physical examination detailed that X was able to X on X,X. The treatment plan indicated that a request will be made for X. Per the progress note dated X, X documented X had reviewed the rationale for the turndown and wanted to clarify that since X workplace injury, X had X. X had the X. In addition, X had started to wear X. X also noticed, subjectively, that X had X pain if X used X. Subsequently, if X was doing activities close to X, it was easy, but if X needed to do activities further away from X, it caused X pain. X stated the pain X. X had other complaints as well, and they included extreme X, which had caused X to end up on the X, although X was not sure if these X. At that point, X also X. On examination, X position with X. X was X. X was able to do X. When X, X obviously had an X. MRI of the X was reviewed once more, and it was evident that there was a X that was at least causing

moderate X. X documented that there was a X. He had recommended X and reiterated that he thought this was the appropriate thing for X at the time.

An MRI of the X dated X, reported X. It was noted that X. At X, there was moderate X.

Treatment to date included X.

A utilization review dated X indicated that the X was denied. Rationale: “The histories provided does not support the need for the requested X. A history consistent with X was not provided. A history of X was not provided. There is insufficient detail regarding the X. An X is not indicated for X. In this setting of X, an X is not indicated for X pain unless the patient also has X by history and exam-X does not. The history by X, PA-C on X documents multiple complaints which fail to support a diagnosis of X. Given the X, a social history i.e. X. They were not. The exam provided by the requesting surgeon is incomplete X. Dr. X stated exam the patient "X. X also stated, "X does not yet have profound symptoms of a X." These assessments by Dr. X do not support the need for the X. X exam documented X. There is insufficient documentation that this patient has any symptoms as a result of the X is not indicated. Recommend non-certification for X. Because the X is not medically necessary the X are not medically necessary. Recommend non-certification.”

A utilization review dated X indicated that the appeal request for X was denied. Rationale: “Official Disability Guidelines recommends X. The guidelines recommend the X when there is documented evidence of X. About the requested current procedural terminology (CPT) X, Official Disability Guidelines state that X is not recommended until further research is completed. An MRI of the X reported moderate X. The progress note dated X, detailed that the patient had ongoing complaints of X pain. The documentation provided stated that the patient had X.

The patient reported that the pain X. Physical examination detailed that the patient was able to X. A request was made for X. However, the most recent office visit did not include physical examination findings to indicate the presence of a X. There are no exceptional factors to support extending treatment outside of guideline recommendations. As such, the request for X is non-certified. Regarding the request for X, Official Disability Guidelines recommends an average of 1 X. A request was made for an X. However, the documentation provided did not meet guideline recommendations to warrant surgical intervention at this time. There are no exceptional factors to support extending treatment outside of guideline recommendations. As such, the request for X is noncertified. Regarding the request for X, Official Disability Guidelines recommends the use of X. A request was made for an X. However, the documentation provided did not meet guideline recommendations to warrant X at this time. As such, the request for X is non-certified. Because an adverse determination for surgery has been rendered, an adverse determination for X is also rendered."

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

The claimant has been followed for complaints of X. MRI studies did note X. However, the claimant's current physical exam did not detail any objective evidence consistent with an ongoing X. The claimant had an X. No other X were evident. While the claimant reported X. Given these ongoing issues that were outlined by the previous denials, it is this reviewer's opinion that medical necessity is not established.

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.