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Patient Clinical History (Summary)

X with date of injury X. The injury occurred when the machine X was using X. X was diagnosed with X.

X was seen by X, DO on X for a follow-up of X. X also had X. X had attempted X. X pain was rated X. On examination, X revealed X. There was decreased X. X was noted to be X in X. X was noted to be X. X was noted to be X. X test was X. Per Dr. X, X had so far not responded to the X. The plan was to proceed with X. X returned to Dr. X on X for X. X also reported X. X reported X. Pain X. It was rated X at the time. Weight was X. On examination of the X, there was X. X was decreased with pain with X. X was X. X were X. An X was also present. X test was X. There was decreased X. The assessment included X. The plan was to consider X.

An MRI of the X dated X had shown a X. At the X. At the X. An MRI of the X dated X revealed a X. There was X. There was X. Sources for X.

Treatment to date included medications X.

Per a peer review report dated X by X, MD, request for X was non-certified. Rationale: According to the documents provided, X had X pain and the MRI indicated X. There was no mention of X. Objective findings indicated X. There was no mention of X. Per Dr. X, Official Disability Guidelines did recommend X when there was a well-documented X that followed a X. Per Dr. X, the documents did not meet this criterion and hence the request for X was not deemed medically necessary.

Per a utilization review letter dated X by X, the request for X was non-certified.

Per a letter of request for reconsideration (appeal) of adverse determination for X dated X by X, the medical provider Dr. X had requested medical treatment as there was an ongoing condition that required treatment. The goal of that reasonable and medically necessary treatment, which was consistent with the ODG, was to provide X. The medical records established the clinical indication and necessity of the X.

Per the peer review report dated X by X, DO, the request for X was not medically necessary. Rationale: X presented with X pain. X was complaining of pain into the X. The examination revealed X. The MRI of the X on X revealed a X. At the X. At the X. Per Dr. X, this request was previously denied since there was no mention of X. The medical records indicated that X did report X. However, on imaging there was only evidence of X. Therefore, the request for X was deemed not medically necessary.

Per a utilization review letter dated X, the appeal for X was noncertified.

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

Based on the clinical information provided, the request for X is not recommended as medically necessary and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The Official Disability Guidelines require that X must be well documented, along with X on physical examination. X must be corroborated by imaging studies and when appropriate, electrodiagnostic testing, unless documented pain, X support a X diagnosis. A request for the procedure in a patient with X requires additional documentation of recent symptom worsening associated with X. X must be well documented, along with X on physical examination. X must be corroborated by imaging studies and when appropriate, electrodiagnostic testing, unless documented pain, X. A request for the procedure in a patient with X requires additional documentation of recent symptom worsening associated with X. The

patient's physical examination finding of X is not corroborated by MRI findings which note only X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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.