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PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. The biomechanics of the injury was not available in the medical records. X was diagnosed with X. X was evaluated by X, MD /X, PA on X and X. On X, X presented for X complaints. X had persistent pain along the X. X did not feel that X could return to X work as an X, given the amount of X. On examination, X had X, but some X were noted. There was X along the X. On X, X presented for a scheduled follow-up. X ongoing symptoms essentially remained unchanged. The examination of the X continued to demonstrate X. An MRI of the X dated X revealed X. There was a X present and X. There was a X. The treatment to date included medications X. Per a Utilization Review decision letter dated X, the request for X was denied by X, MD. Rationale: "In this case, the claimant has a history of X followed by recent X. However, there is no evidence of X. The claimant already underwent X. Moreover, the claimant has already had X. In addition. X is not supported given the limited scientific evidence for their use. Thus, the medical necessity of this request is not established. Recommendation is to deny X. Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "1- As per ODG criteria, X is recommended as "indicated." It is noted on X, MRI of the X was performed and revealed X identified. X was present and X. 2- On X, the claimant presented to Dr. X complaining of persistent pain along the X. The claimant felt that X could not return to work as an X. X did have some X. The claimant has a history of X. 3- Based on the provided information, there is lack of documentation of recent imaging to warrant an X as ODG states X should be limited to cases where imaging is inconclusive and X. 4- Additionally, there is lack of X. 5- There is also lack of evidence the claimant has X. ODG states X are not recommended. Medical necessity cannot be established."

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

The ODG does not recommend X as an isolated procedure and recommends at least X unless earlier surgical criteria for other associated X are met. The ODG recommends X. The ODG does not recommend X. The provided documentation reveals evidence of X. The pain persists despite X. There are physical examination findings of X. There is no documented X. In addition, a postoperative MRI from X reveals X. Based on the available information and ODG recommendations, the request for X is not medically necessary.

Given the documentation available, the requested service(s) is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR 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 & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL