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Review Outcome

Description of the service or services in dispute:
X

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified X

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

X

Patient Clinical History (Summary)

X is a X who sustained an injury on X due to a X accident. X was X by a X while X that resulted in X pain. X was diagnosed with X

X was seen by X, MD from X through X. On X complained of X. The pain radiated into the X. The pain was a constant X in nature. X rated the pain X at worst the pain was X and at best X. X was able to X, for less than X. The medication helped X pain, but X did not want to depend on the medication. On examination, range of X revealed X, and decreased X to the X. There was X in the X area noted on the X. The X examination revealed that the X walking were poor bilaterally. The X was positive on the X. There was a sensory deficit in the X. On X, X complained of X and X. X reported the pain like X area. It was rated as X. On physical examination, there were no significant changes since the prior visit. X had improved range of motion of the X; however, X continued to have X with

X. On X complained of X. The pain X into the X. X was able to sit, stand, and walk for more than X. X rated the pain X. Physical examination was unchanged from the prior visit.

A X was completed by X, MA and X, PhD on X. A X status examination was performed. Multiple tests were administered. The X score was X, showed a X of X. X score was X, showed a X. The X work X score was X and the X score was X out of X, which were high. The pain resulting from X injury had X and X. X reported X related to pain and pain X, in addition to decreased ability to X. The pain had reported X in all X. X would benefit from a X. It would improve X, which appeared to be X. X should be treated daily in a X with both X as well as medication monitoring. The program was staffed with X professionals trained in treating X. The program consisted of but was not limited to X. Those X services would address the current problems of X.

A X was performed by X, on X. X did X best throughout the examination. X demonstrated the ability to perform within X demand category. X was able to work part-time within the LIGHT physical demand category, which was below X job demand category, for up to X per day while taking into account X need to X. X demonstrated the ability to perform X of the X. During the X, X appeared to be able to reach X; however, during the X reached to X each X but appeared to come to X. During the X to X during the exercise. During the X stated that X. During the X stated X but during the X stated X in the X. During the X, X appeared to be X, X, and X. Throughout this evaluation, X demonstrated the ability to perform X and standing on an X. During the evaluation, X was X of the X demands of X job / occupation. The limiting factors noted during the objective function tests included increased X

An X of the X demonstrated at X, X more X, measuring X in the X, indenting the X, not reaching the X, causing X. An X of the X more X in the X, slightly indenting the X.

The treatment to date included use of a X, physical therapy, chiropractic therapy, electrical stimulation, light exercise, use of X, and medications X.

Per a X review dated X by X, MD the request for diagnostic X at the X level on the X was X. Rationale: "In this case, the X pain diagram described only X, and X. The distribution of X pain complaints is not X. Therefore, the request for X level on the X is not medically necessary." X, recommended on a case by-case basis as a short-term treatment for X, X and / or X to X (defined as X with X findings of X).

Per a X review X, MD on X, the request for X on the X one was noncertified. X: "There was a previous determination dated X, wherein the request for X on the X one was non-certified. The reviewer noted in this case, the X described only X. The distribution of X complaints was not radicular; therefore, the request for X on the X one was, not medically necessary. X, X is a reasonable option for patients with X. This must be documented in the note along with objective findings of X such as motor X. This is not clear in the documentation, especially since the original request was for X to treat X. Therefore, the requested appeal #1, the X on the X is not medically necessary."

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

The X presents with both X. The X has requested a X. X has been extensive and well documented. A X in X, demonstrated X at the X with X. The medical records were reviewed to determine the presence of X with the X. A X report in X noted X in the X. The X clinical notes from X mentions X. However, in the X, there is no description of X. So, the 2 prior X reviews were correct in their assessment that a clinical diagnosis of X is not present. 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
- ☐ 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.