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**PATIENT CLINICAL HISTORY [SUMMARY]:**

X is a X who sustained an injury on X due to X. X was diagnosed with X. X was seen by X, MD on X and X. On X, X presented for X. The symptoms remained unchanged compared to X prior visit. X had undergone an X. X was also under the care of X. The pain was rated X. On examination, X was noted. The X examination showed there was X. There was X. Dr. X recommended X. On X, X presented for a follow-up. X symptoms were X. X continued to have X. The pain was rated X. The X examination remained essentially unchanged. An MRI of the X dated X showed X. There were X. X had X. An X Study X dated X was a X. The treatment to date included medications X. Per a utilization review decision letter dated X, the request of X was denied by X, MD. Rationale: "Per evidence-based guidelines X. This X is commonly used for X. In this case, the patient came in with X. X rated X pain X. On examination, X had an X was noted; X. X underwent X with X podiatrist which had not helped much. X had X. A request for X was made. However, there was limited documentation of significant X. There were X. A clarification is needed regarding the request and X. Documentation does not indicate that the patient has met the X. Additionally, X is recommended in combination with X. 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 an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Spoke with provider, clarified the X were not X however there were X in the most recent visit dated X pertinent to the specific body part as there were no quantifiable measurements submitted in the medical records."

**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. Per a utilization review decision letter dated X, the request of X was denied by X, MD. Rationale: "Per evidence-based guidelines, X is useful for diagnosis and treatment of pain of the X. This X is commonly used for differential diagnosis and is the preferred treatment of X. In this case, the patient came in with X. X rated X pain X. On examination, X had an X was noted; X in the X. X underwent X with X podiatrist which had not helped much. X had X for X. A request for X was made. However, there was limited documentation of significant clinical findings to verify the patient's current status to support the need for the request. There were X. A clarification is needed regarding the request and on how it will affect the patient's treatment management and clinical outcomes. Documentation does not indicate that the patient has met the X. Additionally, X is recommended in combination with X. 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 an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Spoke with provider, clarified the X however there were X in the most recent visit dated X pertinent to the specific body part as there were X submitted in the medical records." There is insufficient information to support a change in determination, and the previous non-certification is upheld. Current evidence-based guidelines note that X are not recommended based on a lack of quality studies. Since X has been widely performed, despite lack of evidence of effectiveness, other more proven treatment strategies like X should be preferentially instituted. X are also not recommended. X may only be considered as a last option for limited, select cases with a diagnosis of X. The patient's X examination X. There is no documentation of X.

Therefore, medical necessity is not established in accordance with current evidence-based guidelines, therefore; the decision is upheld and not medically necessary.

**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