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An Independent Review Organization
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Patient Clinical History (Summary)

X who was injured at work on X when X. The diagnoses included X.

On X, X was seen by X, PA for pain in the X. There had been no improvement in symptoms at the time. On examination of the X , there was pain with X.X. The assessment included X.

X presented to an unknown provider on X for X. X reported no improvement in symptoms in the prior X. X was X at the time. X pain was X and was rated X. It was X. Pain radiated to the X. Pain was alleviated by using a X. It was aggravated by X. On examination, X was X in X. There was X. X was X, and X. The diagnoses included X. A X was recommended.

An MRI of the X dated X showed a X. X with X was noted with X. This could be the cause of symptoms. There was X. X was noted X. X was seen. X was noted. The X showed X at the X. At the X, the X showed X. At X showed X. There was X due to X. At the X showed X. There was X due to X. At the X showed X. X was noted due to X. At the X.

Treatment to date included X.

Per a peer review dated X by X, DO, the request for X was deemed not medically necessary. The rationale for the denial was as follows: Based on the documentation provided and per the ODG 2019 guidelines, the requested X is not considered medically necessary at this time. Though

the claimant has a history of injury on X with continued symptoms found in the claimant's subjective history and on objective examination, the requested procedure is not recommended per guidelines above the X. Per the ODG 2019 guidelines, "X is not recommended X. Therefore, X is not medically necessary."

Per a letter dated X by X Utilization Review, the request for X was not medically certified by the physician advisor.

Per a review dated X by X, MD, the request for X was noncertified. The explanation for assessment was as follows: "Regarding the request for an X the Official Disability Guidelines states that while not generally recommended, a X necessitates documentation of a specific rationale to support the use of the treatment outside of the guidelines, and documentation of subjective and objective radicular findings in each of the requested X, X findings at each of the requested levels, and failure of X to support the medical necessity of X. Additionally, X are not recommended X. Regarding a X, they should only be offered if there is at least X pain relief for X, with a general recommendation of no more than X. Within the documentation available for review, there is documentation of an appeal request for a X. Additionally, there is documentation of X. Furthermore, there is documentation of a peer report dated X which identifies that a request for a X was non-certified because X is not recommended X. However, the denial's concern has not been addressed and there remains to no documentation of a rationale to support the use of treatment outside of the guideline recommendations. Moreover, there is no documentation of X. Therefore, the request is not medically necessary and is not certified."

Per a letter dated X by X Claims Management Services, Inc., the request for X was not medically certified by the physician advisor.

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. The Official Disability Guidelines note that X is not recommended X. The Official Disability Guidelines also note that X is not generally recommended. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no X records submitted for review documenting number of 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
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- 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.