

C-IRO Inc.
An Independent Review Organization
3616 Far West Blvd Ste B
Austin, TX 78731
Phone: (512) 772-4390
Fax: (512) 387-2647

Patient Clinical History (Summary)

X is a X with date of injury X. X sustained a X. X was X. X. The diagnoses included X.

X presented to X, MD on X for the evaluation of X. X continued to have significant problems with X. X had fairly X. X was X. On examination, there was X. There was X. There was X. Prior MRI of the X. No X was noted, but there was a X. X was noted. Dr. X noted that the X was quite impressive and interesting in that it was X. X felt the need to rule out a X and wanted to obtain a X of the X to evaluate this.

An MRI of the X dated X showed X. No X was noted. Other findings included X. An MRI of the X dated X revealed X. No X was noted. Other findings included X.

Treatment to date included X.

Per a Peer Review dated X by X, MD, the request for a X of the X was deemed not medically necessary. The rationale was as follows: "In this case, the claimant presented with complaints of X. The claimant uses X for support. The physical examination revealed X. Furthermore; it is noted that an MRI of X is noted. However, the claimant just recently had MRI and it is unclear why an additional advanced imaging is necessary at this time. As such, the medical necessity is not been established. Therefore, X is not medically necessary."

Per a Peer Review dated X by X, MD, the request for X was deemed not medically necessary. The rationale was as follows: "According to

published guidelines, X are indicated X. In this case, the claimant does not meet criteria. The claimant recently had MRI completed which is the preferred study. It is unclear why X was ordered and requested at this time. As such, the request is not supported. Therefore, appeal X is not medically necessary.”

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

This request is for X. An MRI of the X dated X showed moderate X. No X was noted. Other findings included X. An MRI of the X dated X revealed X. No X was noted. Other findings X. The initial review, dated X, stated that a recent MRI had been obtained of the X. The X was also documented. The reviewer noted it was unclear as to the rationale for another advanced imaging study was needed at that time. The request was not medically necessary. A peer review performed on X also indicated that a MRI had been performed of the injured body part, and that was the preferred study. It was unclear as to the rationale for a X at that time. The guidelines indicate that MRI is the preferred advanced imaging study to X. The provider has not given a full, complete rationale for requesting the X after the MRI was obtained, other than to rule out a X. As there does not appear to be a X, the request is not within the 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.