

C-IRO Inc.
An Independent Review Organization
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Austin, TX 78731
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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 who was injured on X. According to the letter of notice of adverse determination dated X, the mechanism of injury was detailed X. X was diagnosed with X.

X was seen by X, MD on X for complaints of X. X visited for a follow-up of X. X had pain in the X. X pain was rated X. Examination of the X. X was only to about X. X with the X but X. X was noted to be X. It was noted to be X. X had a X test. X was X throughout the X. Per Dr. X, X had X. X was X, which X. X was hence indicated. X had significant X. Given these findings, a X were not reparable.

A X request was documented by Dr. X on X. X had X. An x-ray examination showed X. It was recommended that X. X were also recommended at the point. This was performed X on the X. A

reconsideration X was completed by Dr. X on X. Instructions for specific X were additionally documented.

An MRI of the X dated X demonstrated a X. There was X upon the X. The X. No X was seen. The X was intact. An x-ray of the X dated X showed X. No X was seen.

Treatment to date included X.

A Notice of Adverse Determination letter was completed on X. On behalf of X, it was decided that the request of X was not medically necessary or appropriate. Rationale: "Regarding the request for X, the Official Disability Guidelines list criteria for the X. In the clinical records submitted for review, there was documentation of X. The physician noted that the patient was able to obtain X and the MRI revealed X is seen with X. X is seen. The X. X is seen. The X is intact. As such, the requested X is warranted. Although the request for X may be reasonable, given the state of jurisdiction, as not all requests are consistent with guidelines, a peer to peer discussion must take place for partial approvals. Therefore, the request for X is non-certified. Regarding the request, the Official Disability Guidelines state that X is not recommended for X. In the clinical records submitted for review, there was a request for X. However, the requested X is not recommended in the guidelines. Therefore, the request for X is non-certified."

A letter in reply to appeal of the utilization review denial determination was documented on X. It was determined that the request of X still did not meet the medical necessity guidelines. Rationale: "The Official Disability Guidelines recommend X. The guidelines specify that X is not recommended, as the procedure remains X. The MRI confirmed a X. The patient reported X. The patient reported pain with X. However, as noted previously, not all of the requests are recommended by the evidence-based guidelines. Although the request for X is reasonable

given the X. In agreement with the prior determination, the request for X is non-certified.”

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

The ODG supports X. Guidelines do not recommend X. Guidelines support X. The documentation provided indicates that the injured worker has had ongoing X. Previous treatment has included X. A physical exam of the X. An MRI of the X The treating provider has requested a X. Based on the documentation provided, given the limitations and evidence of X would be supported. A X would be supported given the X. Given the documentation X would be supported. This represents a deviation from the guidelines which would be supported by current medical literature. The referenced article from X states that X is successful in X in patients with X. The referenced article from the X. The referenced article from the X. A X would not be supported as there is no indication that there has been inconclusive imaging. As such, a partial certification is recommended for a X. It is unlikely without X that the injured worker would gain any meaningful improvement in X. Given the documentation available, the requested service(s) is considered partially 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
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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.