

IRO Certificate No: X

## **Notice of Workers' Compensation Independent Review Decision**

**Sent to:** Texas Department of Insurance  
Managed Care Quality Assurance Office  
(MCQA) MC 103-5A  
Email: [@tdi.texas.gov](mailto:@tdi.texas.gov)

**Date of Notice:** X **Amended Date:** X

**TX IRO Case #:** X

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a X with a history of an occupational claim from X. Magnetic resonance imaging (MRI) of the thoracic spine completed on X revealed findings of X.

Progress report dated X reported the claimant was seen for ongoing complaints of pain. Examination noted X. Treatment plan was for X.

Prior review dated X reported the requested procedures were denied as guidelines did not support X.

Progress note dated X reported the claimant had complaints of X. Previous treatment included multiple sessions of X examination

noted approximately X. There was X. The claimant was diagnosed with sprain/strain of the cervical, thoracic, and lumbar spine. Treatment plan was for appeal of prior denial of X. The claimant was also recommended for X.

Prior review dated X reported the requested procedures were denied given lack of X.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

Official Disability Guidelines states that X. X is not recommended and can only be considered for extreme patient anxiety.

In this case, the documentation does not include sufficient clinical findings consistent with X. Furthermore, the request for X would not be supported. Given the above, the request for X is not medically necessary and is non-certified.

Official Disability Guidelines states that X are not recommended in the thoracic spine. X is not recommended and can only be considered for extreme patient anxiety.

In this case, the documentation does not provide sufficient clinical findings consistent with X. Furthermore, the request for X would not be supported. Given the above, the request for X is not medically necessary and is non-certified.

Official Disability Guidelines states that X are recommended when there is signs and symptoms consistent X is not recommended and can only be considered for extreme patient anxiety.

In this case, the provided documentation does not indicate sufficient clinical findings consistent with X. Furthermore, the request for X would not be supported. Given the above, the request for X is not medically necessary and is non-certified.

### **SOURCE OF REVIEW CRITERIA:**

- 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
- Presley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & 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)

### **REVIEW OUTCOME:**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)