MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
2211 West 34th St. ● Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: X.
AMENDED DATE: X

IRO CASE #: X

DESCRIPTION OF THE SERVICE IN DISPUTE:
X.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN WHO REVIEWED THE DECISION
X.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
X

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EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:
Revaluation Note by X dated X documented that the claimant is a X who sustained X injury on X during X regular job activities as a X. The claimant was working in X." X a X, at which time X experienced a "X" emanating from the right side of X low back associated with the onset of a medical intense low back pain such that X was only able to move the package only a few feet from X left to X right before X. X initially attempted to continue working but, within 15 minutes, developed radiating pain down the right lower extremity into the medical aspect of the right thigh. The claimant was diagnosed with chronic back pain syndrome, X.

Diagnostic studies:
Review Decision from Dr. X dated X documented that the claimant underwent an X Lumbar Spine performed at X on X, which revealed a right X.

Surgeries:
Procedure Note by Dr. X dated X documented the claimant X. It also stated that the claimant has X.

Conservative Treatment:
Revaluation Note by X dated X documented that a X was administered on X. On X, the injured worker reported more than X. However, there was recurrent pain in the buttock and lower extremities due to increased activities and X part-time work. X was positive on the right. It is documented that X will require X.

Medical Records from Dr. X, pain Management dated X documented that the injured worker complained of X low back pain. A physical examination of the lumbar spine revealed a X.

Medications:
The claimant is currently taking X.

Progress notes:
Progress Note by Dr. X dated X documented that the claimant has X.

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Denial Letter:
Denial Letter from X dated X denied the request for X at the X because there is no documented evidence of X. It is stated that the lumbar spine X. The records mention a prior X. It is further stated that the only procedure note provided was for an X. Therefore, the request for X is non-certified.

The second denial Letter from X dated X denied the reconsideration of the request for X. It is stated that “At this time, while the X guidelines do not recommend the use of X. This injured worker was injured on X and is clearly within the chronic phase of treatment. Chronic duration of symptoms has been found to decrease success rates. Additionally, the guidelines do not support the use of X . Overall, this request for X is not medically necessary.”

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

The Official Disability Guidelines (ODG) recommends the administration of X. The medical records document that the claimant has performed X. Further, the documents show X. Physical exam findings correlate with X should be authorized and is clinically indicated here. X on the right is a physical exam documenting the radiculopathy going down right X. Based on the ODG guidelines and criteria as well as the clinical documentation stated above, the request is 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

☐ AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☒ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

SG/oa

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NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.