



Specialty Independent Review Organization

Notice of Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The reviewer is a Medical Doctor who is board certified in X

REVIEW OUTCOME:

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

X

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a X.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X claimant with a date of injury of X. The mechanism of injury involved X. The claimant was diagnosed with a X. A clinical progress note dated X documented a X. The patient reported X. The X reported X. The previous treatments have included X. There are X. A X examination of the X. The provider recommended a X.

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

Regarding the requested X, the guidelines supports X. Guidelines support X. The documentation provided indicated the patient X. A X of the X. An MRI documented X. The treating provider has recommended a X. Based on the documentation provided, the medical necessity for the requested X cannot be established as there is no X. Therefore, per evidence-based guidelines, and the records submitted, this request is not 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**
- 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 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**

TMF SCREENING CRITERIA MANUAL

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

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