

Applied Independent Review

An Independent Review

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Applied Independent Review ***Notice of Independent Review Decision***

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

X

Description of the service or services in dispute:

X

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

X

Patient Clinical History (Summary)

X is a X with a date of injury of X. The mechanism of injury was X. X was X. It happened when X. X the X. There was X, so X. X had to X when X and had X. X the X until X. X was X when X. X was diagnosed with X. On X, X was evaluated by X, MD for X. X was injured on X while X. X had X, but X. X tried X, X, and had an MRI on X. At X initial X, X complained of X. X denied any X. X reported a history of X. X underwent X on X. At X on X, they discussed X, Dr. X explained X and recommended X. Dr. X kept X off X. On X, X reported X. There was X but X. Dr. X felt the most important thing for X at that time was to X. On X, X still had X, but X was X. X was X from X. Dr. X did not want X. X understood X. X form was filled out, but X. On X, X said there was X. There was X. Dr. X did not have any X notes to review. They talked again about X, and Dr. X told X to tell X to X, even possible need for future X. X was X from X. On X, X reported X was X, and X was still X. Overall, X was X since X. X states X. On examination of the X, there were X. The X showed X. X continued to have X on X. X was X without X. X was seen by X, MD on X for X. X also X. The pain was X. X described the symptoms X. The symptoms were X. Since X, X reported X. The X were X. The X after X. At the time, X main complaint was X. Examination of X revealed X. X revealed X. X was X in X and X. There was X. X was X. X was X with X. X-rays of the X revealed X. There were X of the X.

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An MRI of X dated X, identified X. With X, there was X of X. X was noted. There was X. Symptoms of X. X and X involved X. There was X of X with X. There was X. X was noted X. X was noted. X was noted in X. X-rays of the X dated X, revealed X.

The treatment to date included X.

Per a Utilization Review Decision letter dated X, the request for X was denied by X, MD. Rationale: “Regarding the requested X, there were X described as X. It was documented that X was X in X in the form of X. Reportedly, past treatment has included X. Objectively, there was X. There was X. For the described medical situation, the above-noted reference would not support the medical necessity for this specific request as submitted. For the described medical situation, the above-noted reference would support an expectation for X. Consequently, medical necessity for treatment in the form of X is not established. Recommend noncertification.”

Per an Adverse Determination Letter dated X, the prior denial was upheld by X, MD. A peer to peer discussion was unsuccessful despite calls to the doctor’s office. Rationale: “The progress note for this claimant dated X states that X has X and has not yet X. It also states that X had X. However, there have been X. Considering this X and X there is unlikely X. The previous review also stated that at this point claimant should be able to X. This request for X is not medically necessary. Recommend non-certification”.

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

The ODG supports X following X and X for the X of X. The documentation provided indicates that X underwent X and has X and has X. The X was noted to have X. The treating provider recommended X. When noting that X attended X, and it is unclear if there has been X, X would not be medically necessary. Furthermore, the documentation indicates that X. As such, the requested X are not medically necessary and therefore upheld.

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 um
- knowledgebase AHRQ-Agency for Healthcare Research and Quality Guidelines
- 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 Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)