

**Applied Independent Review
An Independent Review Organization
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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

Information Provided to the IRO for Review:

X

Patient Clinical History (Summary)

X who was injured on X. X was X, when X and had X. X had X. The diagnoses included X.

On X was evaluated by X, MD for X. X had a X. X continued to have X. X had X. X was X, which had been denied. X to X and X.

An MRI of the X showed X with X. X dated X revealed X and X.

Treatment to date included X.

There are no determination letters available.

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

The ODG supports X for the treatment of X. The guidelines support X. The guidelines support X. The documentation provided indicates that the X. The X also reports X. A recent examination documented X. An X and X. Treatment has included X. The treating provider has recommended a X and X. Based on the documentation provided, X. It is X what the provider is requesting by a X. X would be supported in advance of X. As such, the decision is X. The X with X and X is medically necessary. The X is not medically necessary.

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

The X with X and X is medically necessary. The X is not 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 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 Medical **Literature** (Provide a
description)

Other evidence based, scientifically valid, outcome focused guidelines
(Provide a description)