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An Independent Review Organization
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Description of the service or services in dispute:

X

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

Board Certified 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 with date of injury X. X was X. X noted a X.

X was seen by X, X from X. On X presented for X, and X. The X. The X. X reported X. X was X. X was X. On examination of the X. X had X. There was a X. X was X. X and X were noted. On X presented with X. X had X and X. On X with X. X about why X was X.

An X showed X. X was noted. There was X with X.

Treatment to date included X and X. X had X.

Per a Utilization Review Decision letter dated X the request for X. X: "Per ODG X. X must be X. A request for a X. X in not generally recommended.

When required for X. In this case, X. Also, there X. X is not recommended and there is X. Therefore, the X is not shown to be medically necessary”.

Per an Adverse Determination letter dated X the prior denial was upheld by X, MD. X: “Recommended on a case-by-case basis as a X not recommended. This treatment should be X. X are not recommended as a X. See the X. See also X. While only X recommended, X may be supported on a case-by-case basis by the following documentation: X. X must be X. A request for a X requires X. X to X. X and X. There is no evidence that X. X is X recommended. When required for X. Per guidelines, X. X at a X are the only recommended X. In this case, the X and X. There has been X. The current medications includes X. The injured X. The X. Per additional medical records sent, the X. X and X is not shown to be medically necessary.”

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

The submitted clinical records document X. The patient has X. X is noted to present with X. The patient continues to have X. Based on the information provided, X.

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
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- 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)