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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 who was injured on X. X developed a X and X. The diagnosis was X.

X was seen X. X stated the X. X had X. There were X. Per treatment plan, X was recommended X.

A X. X was also present, X. X was X. X, may be X. X and X.

Prior treatment included X. However, there were X.

On X indicated that the request for X was non-certified. X: "Per evidence-based guidelines, X not recommended based on a X. In this case, X presented with a X. A request for X. However, the guideline does not

recommend this request. Moreover, X. There were X noted. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X is not recommended based on a X. In this case, X presented with a X and X. A request for X. However, the guideline does not recommend this request.”

In a letter dated X, Dr. X stated: “The above-referenced patient was referred X. This X. X have recommended that X. This X was denied and after X, the denial was upheld. At this time, X requesting a reconsideration. This patient had a X. X will provide X.”

On X, the appeal for X was non-certified. X: “Per evidence-based guidelines, X is not recommended based on a X. In this case, the patient presented for a X. X stated that a X. An appeal request for X was made. However. the guideline does not recommend this request. Moreover, the X; however, X. There were X noted.”

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

The claimant has been followed for development of a X. The X. A more X. Overall, there is X as requested. Further, there is X. Therefore, it is this reviewer’s opinion that medical necessity is not established for the requested 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)