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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 sustained a X. The mechanism of injury was X. X was diagnosed with X.

In an X presented to X, MD for X. X reported that following the X. Since then, X and X. X had X. X was X. X was on X and X. X, and X. X were X. X had a X. X of the X. X were X. X was advised to continue X.

An X was X. An X showed X. The X.

Treatment to date included X.

Per a peer review dated X, the request for X was not medically necessary. X: “While ODG's X topic acknowledges that X are recommended on a X. There was X. ODG further notes that the X. Here, however, there was X. The request, thus, is at X. Therefore, the request is not medically necessary.”

In a peer review dated X, the appeal request for X was non-certified. X: “The patient is X as per X notes. So, X has been denied for continuation of X. Therefore, the requested X is not medically necessary and is non-certified.”

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

The claimant sustained a X. X has been diagnosed with X. There is insufficient evidence to conclude that any of the X. Therefore the request for X of this 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
- 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)