Applied Independent Review
An Independent Review Organization
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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 who was injured in a X. X was X. X sustained injuries to X. The diagnoses were X.

A X study on X identified: X findings of an ongoing X. From the X. Otherwise, there was no evidence of X.

On X, X, MD noted that X had X, and pain that X. After performing the X studies and interpreting them, Dr. X recommended that X see X, Dr. X, for possible X.

In a follow-up with X dated X, Dr. X stated, “X is eagerly waiting to go ahead with treatment for X. X continues to have X. X has X. X came to me on X. We cannot go any higher than X. We are trying to be compliant with the concern X. However, X pain continues to be X. We are going

have to raise X. I do have X take it with the X. We are going to raise it to X. Today, X is X. Unfortunately, X. This patient is requiring X. The doctor offered X. X will be reserved for X. The X accepted by this Board-certified X. Based on the response to that care, further X. This pain will X. As a result, this patient is going through X. X is X. Today, X is X. X denies X, pending insurance authorization. X is showing X. X was consistent with these agents. There is no evidence of X. X was encouraged as was X, X."

Treatment to date included X.

Per a Notice of Adverse Determination dated X, the request for X was non-certified: "Per evidence-based guidelines, X is recommended as a X. While X is performed by X. However, the X findings on examination was insufficient to justify the need for this request. Also, X is not a stand-alone procedure. X in association with X was not clearly specified in the medical report submitted. Moreover, X including X have X, which was not objectively evident in the report to warrant the entirety of this report."

Per a Notification of Reconsideration Adverse Determination dated, the appeal for X was non-certified. Rationale: "Per evidence-based guidelines, X is recommended as a X. While X is performed by X. The patient continued with X. However, the X findings on examination was still insufficient to justify the need for this request. The X were not fully established. Also, X is not a stand-alone procedure. Also, X was still not fully established. Clarification is needed regarding the request and how it might change the treatment recommendations as well as the patient's clinical outcomes."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted X examination X. CT of the X dated X to document significant X. Therefore, medical necessity is not established in accordance with current evidence-based guidelines and the decision is 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)