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IRO Certificate: X

AMENDED PER TDI REQUEST

DATE OF REVIEW: X

IRO CASE NO. X

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
(AMENDED FOR DETAILED DESCRIPTION) ***

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH
PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO
REVIEWED THE DECISION**

Physician Board Certified in X

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X

PATIENT CLINICAL HISTORY SUMMARY

The patient is a X with a X. X then had X. X was also X. X also X. X notes X. X is X. They recommended X. X was seen by Dr. X and was X. X is scheduled for X. X is on X. Recommendation

from Dr. X was to continue X and X.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION

Opinion: Partially Overturned: I agree in part and disagree in part with the benefit company's decision to deny the requested service.

Rationale:

Agree in part: ODG allow for X. Unfortunately, the requested X that could be reasonably considered.

Disagree in part: The patient has X. Although the patient X. X did have X and one could argue about X.

A **modified** request of X to the X is medically necessary for this patient.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL &
ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY
GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR
GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC
LOW BACK PAIN

INTERQUAL CRITERIA

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE &
EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL
STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES X**

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY
ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL
LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID,
OUTCOME FOCUSED GUIDELINES (PROVIDE DESCRIPTION)