



Specialty Independent Review Organization

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

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

The reviewer is a Medical Doctor who is board certified in X.

REVIEW OUTCOME:

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

X

The reviewer agrees with the previous adverse determination regarding the X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X who sustained an X. Injury occurred when X was X. X and X.

Past medical history was X. X was X.

The X study X and X.

The X documented a X. The X into the X and X. There was a X. There was X. There were X. X and X were recommended for X. X stated that there was X.

The X report X. X were reported X. X was X. Current medications included X. X documented X. The diagnosis included X. X x-rays were X per recommendations of the X. X was to continue with X. X had X. It was noted that X would be requested, once the X.

The X report documented X. X and X showed X.

The X cited complaints of X. Pain was reported X. This X. X reported X. X reported X. X had included X. X exam documented X. X exam documented X and X. X MRI showed X. The diagnosis included X. The patient had X including X. X was recommended to included X.

On X, the X documented a X. Authorization was requested for X.

The X review determination indicated that the request for X was denied. The rationale stated that the X.

The X review determination that the denial of the request for X was upheld. The rationale stated that a progress report dated X was submitted for review. There was X provided in fulfillment of the Official Disability Guidelines. The X findings documented in the X. The peer review discussion documented that the X should be X or obtained before authorization.

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

The Official Disability Guidelines indications for X which confirm the X. X on examination need to be present. X and X. X require one of the following for X. Findings require one of the following for X. Findings require one of the following for X. X or X requires one of the following X. X require all of the following: X.

This patient presents with a X. X are noted in X. X has reported X. Current clinical exam X. There is X of X with X. There is X documented at X. There is X. X has X. Under consideration is a request for X. The Official Disability Guidelines X. Clinical exam findings have documented a X. X have X, including X. There is X of X. There is X to support the medical necessity of this request as an X to guidelines. Therefore, this request for X is not medically necessary.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHRQ- AGENCY FOR HEALTHCARE 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, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- 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 A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY
VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A
DESCRIPTION)**