



Specialty Independent Review Organization

Notice of Independent Review Decision

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 Orthopedic Surgery.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a X who sustained an X. The mechanism of injury was X.

A review of records indicated that the patient was diagnosed with X. X had included X.

The X indicated that the patient was seen for evaluation of X. X reported X. X reported X. Pain was X. X reported X. X had a X. X documented X. X documented X and X. The diagnosis included X. X-rays were X. X revealed evidence of a X. A X was recommended into the X.

The X report indicated that the patient X. It was noted that X noted X and X.

The X. Current X. X had been diagnosed with X. X had an X. X continued to have X. X had X. X documented X. The diagnosis included X. Given X exam and the X.

Authorization was requested on X.

The X utilization review report indicated that the request for X was denied. The rationale stated that there was a X to be reviewed warranting the X. Additionally, there was X. The associated X were denied as X was not medically necessary.

The X utilization review report indicated that the appeal request for X was denied. The rationale stated that the documentation submitted for review did X. The associated X were denied as surgery was not medically necessary.

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

The Official Disability Guidelines recommend X for X when specific X. X include: X and X.

The Official Disability Guidelines recommend X for X. X include: X. Pain X.

This patient presents with X. Pain is X. Clinical findings are X. X has had a X. X has X. X is a request for X. Guideline criteria have X. There is X. Additionally, there are X. Therefore, the prospective request for X is not medically necessary.

As the request for X is not medically necessary, the requests for X are also 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)