

Applied Independent Review
An Independent Review Organization
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Notice of Independent Review Decision

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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 sustained an X when X. The diagnoses were X.

As per follow-up note by X dated X presented with X. Despite this, X continued X. X felt the X. X was X. X continued to be X. X was X. The X and X. X did X. X did X. X wanted to get X. X pain X. As a result, the provider would resubmit for a prudent peer review, who furthermore would offer advice as to X recovery, which would include X pain followed by a X. X would not do X pain was X. As a result of this denial, X medicines were X. They would not want to go any X. X was X. X had X. X MRI had been corroborated to X. The provider was going to X. Due to X.

Prior treatments included X.

Per an adverse determination dated X the request for X was non-certified. The reviewer noted that there was X was not a stand-alone procedure. There should be evidence of X. The current request is for X. Per

Notification of Reconsideration Adverse Determination dated X, the appeal request for X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This X when X was X. The reported condition is considered X the injury. Present medications include but are not X. A X of the X. The following criteria were satisfied: the patient has a X. The request is NOT certified because the following criteria were not satisfied: the request does NOT include a X the request does NOT include a X.

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. Per an adverse determination dated X, the request for X was non-certified. The reviewer noted that there was X. There should be evidence of X. The current request is for X. Per Notification of Reconsideration Adverse Determination dated X, the appeal request for X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This X. The reported condition is considered X. Present medications include but are X. The following criteria were X. The request is NOT certified because the following criteria were not satisfied: the request does NOT include a X. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no significant X documented on the submitted X. The submitted clinical records indicate that the patient has 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)