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An Independent Review Organization
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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: X

REVIEW OUTCOME:

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

X

PATIENT CLINICAL HISTORY [SUMMARY]:

X is a X who was injured on X. X and X. X and states X and X. X developed X. The diagnoses were X. A X was conducted by X, MA on X. X reported during the interview that the X. X described the pain as X. X rated X pain level at X. X which X included X. X reported X. X said that X was X. X reported that X had always been a X; however, X now X. On the X scored a X, within the X. On the, X scored X, within the X. X scored a X. A X was performed by X DC on X indicating that X. X job X. X was X. According to medical records X reported a X. X of motion were: X. X of the X. They were X. During the X, it was noted that X. X and from the X. Office visit note dated X indicated that X complained of X. The pain was rated X. X medications were X. X was X. On X. X was X. X was X. X and X were X. X of X. X was X and X. X was X. The diagnoses were X. X was recommended for a X. Treatment to date had included X. Per an X dated X, the request for X was non-certified. Rationale: "The X provided are insufficient to X, as there is no evidence to suggest that the claimant had X. Also, results from the X other X. The requesting provider

has not submitted any X. Also, the X on the claimant shows X. The X. During the X, the claimant also showed the X. These results are X. Therefore, the X of the claimant as X. Therefore, from the medical records provided, this claimant X is considered medically unnecessary. Based on the clinical information submitted for this review and using the evidence-based guidelines referenced below, the request is non-certified.” Per an Appeal Determination Letter dated X, the appeal request for X was non-certified. Rationale: “Based on the clinical information provided, this appeal request for X is not recommended as medically necessary. The initial request was non-certified noting that, X, as there is X to suggest that the claimant had X. Also, results from the X. The requesting provider has X. Also, the X on the claimant shows X. The X are X. During the X. These results are X. Therefore, the X are X. Therefore, from the medical records provided, this claimant would not qualify for a X medically unnecessary.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient X. There is X. The issues raised by the initial denial have not been adequately addressed.”

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

The X is non-certified, and the previous denials are upheld. Per an Initial Adverse Determination Letter dated X, the request for X was non-certified. Rationale: X. Also, results from the X. The requesting provider has not submitted any X. Also, the X. The X. During the X, the claimant also X. These results are X. Therefore, the X. Therefore, from the X and such a program is considered medically unnecessary. Based on the clinical information submitted for this review and using the evidence-based guidelines referenced below, the request is non-certified.” Per an Appeal Determination Letter dated X, the appeal request for X was non-certified. Rationale: “Based on the clinical information provided, this appeal request for X is not recommended as medically necessary. The initial request was non-certified noting that, “The medical records provided are insufficient to X. Also, results from the X that are X. The requesting provider has not submitted any X. Also, the X. The X. During the X. These results are X. Therefore, the X. Therefore, from the medical records provided, this claimant would X is considered medically unnecessary.” There is insufficient information

to X non-certification is upheld. The patient sustained X and X only. There is X. The issues raised by the initial denial have not been X.” Recommend upholding the prior denials. Peer review dated X indicates that at X. The only diagnosis that can be made is a X. The X.

The submitted clinical records indicate that the patient X. Recommend not-medically necessary and upheld.

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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL