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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

X

REVIEW OUTCOME

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

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a case of a X patient who sustained an injury on X. X was X and X and X. Per X without X, there was X. Specifically, no evidence of injury to the X or

X. Per X, there was X of the X. Per X dated X, there was X. X or X; however, according to the office visit report dated X, the patient had X. The pain was rated as X. Pain started after an X for the X. X complained of X. X reported X and X. X had X. X had been through X, but X had returned. X reported X and X. X had X. On examination, X had X. X had X. X had X. X had X in X. X was able to X but has X. X was X and X had been taking X; however, the X were not specified. X had been treated with X. X had X, and X. X had a recent X/X, and X showed X; however, the result was not submitted for review. The current request is X.

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

Per ODG references the requested X is medically necessary. In reviewing the medical records, X find the variety and severity of the symptoms, the findings on examination, the lack of response to medical treatment, and most importantly, the X, to be clear indications for X. More so, X believe that X should be approved as well. It would be in the X, and the interest of all parties, to treat both the X. Staging the procedures will X. X conduction studies support this recommendation. The X have to be considered X is unnecessary and unlikely to modify these recommendations. In conclusion, X recommend X, and X.

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 KNOWLEDGE BASE

☐ AHCPR- 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