True Decisions Inc.
An Independent Review Organization
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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]:
X is a X who was injured on X. X was at X that was X. This required X to have to X. After X, X was X and tried to X. X tried to X, and X up on X. The diagnosis was X. On X, X visited X, DO for a follow-up of X. Per the note, X continued with X and X. X had corroborated X. X had a X, X, and X. X described X pain as X. X had failed X. That day, X was noted to X. X pain was X and X, X and X, as X was X. The plan was to X, as X did not X as X had X. The benefits and complications of X were discussed, and X wanted to go ahead with this as soon as possible. This was X under ODG. It was consistent with the Texas Labor Code and supported by the Texas Medical Board in X. X wanted to try X as opposed to X anywhere from X that day. They would arrange for it as soon as possible. Any further delays would lead to more X. X was satisfactory. X online X and X. Per the X progress note by Dr. X, X was eagerly waiting to go ahead with X for X persistent X, X, and X. X stated X did not want X. X had a X. X had X. X had X, X. X

were consistent with X, as X had a X that day with X, and X, reproducing X. X was on X and Dr. X wanted to keep X on that. For X, X was using X and X. They would resubmit for X. X, X should improve with this care. Each X would only be advocated if X or more sustained X, X as X wanted to get X. X intake X had shown X. There was no evidence of X. An X from X was documented. The study identified a X seen at X. This was X and X. There was X. Treatment to date included X. Per a utilization review adverse determination letter dated X, the request for X was noncertified by X, MD. Rationale: "Official Disability Guidelines recommend X for the treatment of X when there is documented evidence of subjective and objective X confirmed by imaging, after X. In this case, patient presented with X. There is a request X. However, there is no documentation of a X which would X, Due to X, the request was unable to be modified. Therefore, X is not medically necessary. Recommend non-certification of the request for X. Per a reconsideration review adverse determination letter dated X, the original noncertification determination for the appeal request for X was upheld by X, MD as not medically necessary. Rationale: "This request is not supported. The Official Disability Guidelines only supports treatment with X for individuals with X and who have not improved with other conservative treatment. The progress note for this claimant dated X states that there is a X but which X is not stated. X is stated to X; however, it is not stated to specifically X at any particular X region. Furthermore, the official X report of the X does not reveal any X at any level to potentially support any treatment with X. The previous review had stated that an X was not indicated as there was no documentation of any X. However, considering the X and X, this request for X is recommended noncertified."

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

The request for X is not recommended as medically necessary. Per a utilization review adverse determination letter dated X, the request for X was noncertified by X, MD. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted X there is X. At X a X is possible. There is X. There is X or X. The submitted clinical records fail to document X or X to support the request for X. The patient's online X is noted to show X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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