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An Independent Review Organization
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Notice of Independent Review Decision

Description of the service or services in dispute:

X

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified X

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 at X. The mechanism of injury was described as X. Per the records, it was documented that X was X, the X, and X and now the X. The diagnosis was X.

Office visit notes by X, MD were documented on X, X, and X. On X, X complained of X. The X was X and X. X was able to X, X, and X. The pain level was X at the time. It was X at the X and X. The pain was described as X, X and X. X helped it. It was made X, X, and X. X was not X at the time. On X, X, and X was noted in X. X was X by pain and was X. X was X. On examination, X. X was X and X. X were X. X was X. There was X and X. Per ODG guidelines, X was requested at the X on the X and at the

X. It was noted that criteria for X, X, and X. X and X were to follow. On X, it was noted that X helped X. The rest of the X were X. X had been denied in spite of meeting ODG. Examination was unchanged from the previous visit. It was documented that X had a X. Per the American Society of X Guidelines, X was a candidate for X. Per the X note, there were no significant changes in the X since the previous office visit. X was noted to be using X. The plan was to appeal to IRO and follow-up in a month for re-evaluation.

An MRI of the X, identified a X. There was X, causing X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X, X, as an X was denied by X, MD as not medically necessary. Rationale: "Given the noted X, the X noted on X, X noted in the Official Disability Guidelines, there is support for this X. However, there is no basis for an X. As such this is not certified."

Per a utilization review adverse determination letter dated X, the reconsideration request for X, X, as an X was noncertified by X, MD. Rationale: "Per ODG, "Patient criteria for X ... X is not generally recommended. When required for X, a patient should remain X." In this case, although signs and X are noted, with X, there is no record of X that would X for this procedure. X is not recommended and there is no record of factors that would indicate such X as to require the involvement of an X. X is not shown to be medically necessary. Thus the request is not certified."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Reconsideration request for X is non-certified. Per a utilization review adverse determination letter dated X, the request for X, as an X was denied by X, MD as not medically necessary. There is insufficient

information to support a change in determination, and the previous non-certifications are upheld. The patient's X notes that X. X is X. X is X. X is X. X on note dated X notes X, there is a X and X. Clarification is needed regarding the discrepancies in the patient's X findings. If the findings on X are new findings, there is no documentation of any conservative treatment to address these findings. 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-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- 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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)