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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

The reviewer is a Medical Doctor who is board certified in X

### REVIEW OUTCOME

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

X

The reviewer agrees with the previous adverse determination regarding the medical necessity of: X

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

### PATIENT CLINICAL HISTORY [SUMMARY]:

This X sustained an injury on X.  
Operative note dated X has X.

X note dated X has this as X with current X. X notes X rated at X. There is X. X is noted X, X, X, and X. There is pain X. X is X. X has X of X. Treatment plan includes continued X.

Progress note dated X has X following-up X, X, X. X presents with X and X. Pain level is X. X is in X. There is X and X. Associated symptoms include an X, X, X and X. The symptoms are X. X has tried X and X. Exam of the X reveals X. X in X, X. The X are X. There is X. X in the X. Treatment plan includes X and X.

X note dated X has this as X. X states X has X and X. X can perform X. X is X. X is X. X has X of X. X reveals X. There have been X and X. X is X.

Letter of Medical Necessity dated X is for the X as X. This injured X and X. Due to COVID-19 X was X until X. Typically, the provider would wait until X, per ODG Guidelines, to potentially recommend the X. However, X is requesting an exception to the ODG based on the most recent follow up visits with the X and how X is X. Most recent X, X has had X and X. X on the X and is X that X. X is X. X is X and X. X is X in X which could result in X if X does X. X is X. Recommendation is for the X.

Previous utilization review dated X non-certified the requested X. This was on the basis of a X and or X.

X note dated X has this as X and X. X notes X and X. X can perform X. X is X. X is X. X has X of X goals at this visit. X is noted as X, X and X. X is X. Treatment plan is for continued X.

Previous utilization review dated X non-certified the requested X.

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

The request for X is not medically necessary.

The Official Disability Guidelines state X are not recommended for first-line treatment of X. While this X cannot yet be broadly recommended, it is an alternative option in conjunction with continued

X alone has X in X. If the patient subsequently experiences X, then additional approval for a X could also be reasonably considered.

In this case, this X sustained an X and X. X has been attending X and doing X. There is documentation indicating a delay in the start of X. As of X has had X since start of X on X. However, X is noted to be X with X. X notes dated X states the X has reached X of X goals with X.

Detailed documentation is not evident regarding diagnosis of X. Furthermore, there are well documented X and X notes, without X. Therefore, the request for X is not medically necessary.

**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**
- 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 (PROVIDE A DESCRIPTION)**