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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 who sustained a X. X was X. X was diagnosed with X. X presented to X, MD on X for a follow-up X. X continued to X. X was X due to X. X described the symptoms as a X. X did X. The pain was rated at X. The symptoms were X. They were better by X. Examination of the X. A X of the X showed X. There was a X. There was a X although without marked X. There was X, which X and X. An X of the X revealed X. There was a X than on the prior study. There was ongoing X, which might be associated with X or X. There were X. There was a X. There was a X. X had X, which was X. There was a X. Treatment to date included X, and X. Per a utilization review X, the request for X was denied by X, MD. Rationale: "Per the Official Disability Guidelines (ODG), not recommended for X based on X. X is no better than X, and X outcomes are X. Recommended as an X related to X and other X. Requires all of the following: (I) Presence of X. A peer conversation took place in

this case. The X was only X as confirmed on peer-to-peer. The X is X. There is no evidence of X. Therefore, the requested X, is not medically necessary and is denied.” Dr. X wrote an appeal letter on X. X sustained a X following which X was placed on X. Due to X of X symptoms, an X of the X, which did reveal a X. Dr. X believed the X was a direct result of the X. At that point in time, due to X, Dr. X recommended a X which was denied. To that date X, X did have X. X attempted to return to X, but unable to tolerate that. X did have X. Updated X of the X showed X which was X. Furthermore, Dr. X commented, “Given the above history and believe that X symptoms are directly related to the X which still does show X. The X was denied on the basis of X. However, based on the official disability guidelines X and been previously requested within the X it was denied. Per the X. it confirms the X. So, X would like to appeal this denial based on the following factors - There has been X which X. -Initial denial of the X when requested once X was noted which would put it within the X of it first being identified. - X and X and X to suggest a possible X.” Per an adverse determination letter dated X, the prior denial was upheld by X, MD. Rationale: “ODG by X states that X is not recommended for X. The procedure may be performed for those with X related to X or other X. The documentation provided detailed that the patient had a X. There was a X. There was a X which was X. X continued to have pain and X, and X. However, as the guidelines do not recommend X for X, the request would not be supported. There are no exceptional factors to support extending treatment outside of guideline recommendations. The Physician Advisor spoke with the treating provider and the guidelines seemed fairly black-and-white. It was discussed that X would not be supported. As such, the appeal request is non-certified.”

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

The claimant suffered an X on the X and the X. The current evidence based guidelines and current literature do not recommend X for addressing X. Further, current evidence based guidelines do not recommend for X. At this point, the claimant is almost X and the current literature has not evaluated the efficacy of X procedures in addressing X. No other exceptional issues were identified in the records to support proceeding with a X at this point in time.

Therefore, it is this reviewer's opinion that medical necessity is not established.

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