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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 an injury on X. X from a X. The diagnoses included X and X was seen by X, MD on X via video connection. X noted that X continued to be X since the prior week, though it seemed less X. X had a X that might represent X. X rated X. X noted that, in addition to X, X was low and X in was also diminished. X and X were X. However, X denied any X at the point. There were some X to X but easily X because X knew that X. X and affect to be X. On X, X indicated that X status was about the same as the prior week. X was X. X, but neither of those was due to a X. X and X. On X, X continued to have X. X and X was X and was X. X and X and X. On X, via video connection, X reported X continued to have X. X also complained of X.

The X was the main symptom X, but other periods of X or X did X at times. On X, via video connection, X had some X, but X continued to have X. On X, X was X. When they tried to X or change them, X had tended to do X. There was some X setting in as X thought about simply discontinuing X on X own and against medical advice. However, X seemed to have been X. X was X but may return at some point. X was notable for X and X and X. Treatment to date included X, and X. Per peer review by X, MD on X, the request for X was non-certified. Rationale: "Official Disability Guidelines (ODG), X and X, "Recommended for X as indicated below; recommended for X, with initially promising results. Criteria for X: Diagnosis of X when the following criteria are met: • Failure of at least X, from at X, at X and X or due to X, PLUS • X. Therefore, the request for X is not medically necessary. The request is not certified." An appeal letter by Dr. X dated X documented X continued to have X that X. It was suggested that X was a candidate for X, but X was, in fact, not a candidate for it. X was on X, which X would be required to X to be effective, but X was X. X also posed a X. Dr. X was consulted who was an X confirmed that. Dr. X, who was the Chief Clinical Officer at X and one of the leading researchers in the world X, reviewed X medical history and determined that X would be a safe for effectively treating X symptoms. X X, Dr. X, had also approved for X to proceed with X. X suffered in X which is applied X. It was concluded that after consulting with the X and due to the severity of X and X and X, a course of X was the best option for improving X. It was requested to reconsider the decision to deny X. Per peer review by X, MD on X, the request for X was non-certified. Rationale: "The appeal request for X is not recommended as medically necessary. There is no X completed to date or the patient's response submitted for review. There are no specific, time-limited treatment goals provided. Appeal letter dated X indicates that prior X include X. The claimant continues to have X. X is not a candidate for X. The claimant was recommended for X as a safe alternative for effectively treating X symptoms. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. It is unclear from the medical records if the patient has tried and X. X, X spoke with Dr. X and the case was discussed. Apparently, this patient is not a suitable candidate for X. X spoke to Dr. X. Per our discussion, the claimant could have more X trials. The claimant also could have X first, if X were not X. No other information was provided that would support altering the determination. Therefore, the request for X is not medically necessary and is recommended non-

certified.”

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

No, the patient has tried X, stopped due to X, X to current, which has caused X and has been of no benefit and X, which has caused X and has not been of benefit. The patient has also tried and failed X current with no benefit, X, which was in augmentation, for X, which had no benefit and X to current, no benefit. Based on X and X, X, X, X, X and X would be classified or an X. The patient does have significant X. The patient has been determined to not be a candidate for X because X would have to stop X.

The patient does meet criteria for X as requested and medical necessity has been 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