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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

Board Certified in X

REVIEW OUTCOME

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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X who was injured on X when X. Patient complaining of X and X. Patient was treated X

to include but X and X. Patient underwent an X. Patient underwent an X. Patient reported X pain X prior to X, and X. In the X on record dated X and X, patient continued to X, X in X with the X on X. X on the X. X on X and X.

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

Per ODG references, the requested X is not medically necessary. Although the patient has some X, X did X according to ODG guidelines -- to X a X. Patient X and patient reported X. Therefore, a X.

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 KNOWLEDGE BASE
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
GUIDI	ELINES
	MILLIMAN CARE GUIDELINES
⊠ & TF	ODG- OFFICIAL DISABILITY GUIDELINES REATMENT GUIDELINES
ADVIS	PRESSLEY REED, THE MEDICAL DISABILITY SOR
	TEXAS GUIDELINES FOR CHIROPRACTIC ALITY ASSURANCE & PRACTICE PARAMETERS
	TMF SCREENING CRITERIA MANUAL
 MEDICA	PEER REVIEWED NATIONALLY ACCEPTED L LITERATURE (PROVIDE A DESCRIPTION)
UALID, (OTHER EVIDENCE BASED, SCIENTIFICALLY OUTCOME FOCUSED GUIDELINES