



Specialty Independent Review Organization

Notice of Independent Review Decision

AMENDED REPORT

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 prospective medical necessity of: X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a X who sustained an X. A review of the medical records indicates that the injured worker is undergoing treatment for X, X; X with X.

X of the X dated X had impressions of: X.

Progress report dated X has injured worker with complaints of X and X. X also reports X and X. X underwent an X and X. X notes X has X. The pain is X. The X into the X, X, X, and into X. Exam of the X reveals X. X is X. X, X, X, X; and X. Pain is reproduced with X. X is X. Treatment plan includes X and X with follow-up.

Progress report dated X notes X presents with X that X. The pain is described as a X. X rates the current pain level as X. X states that X include X and X. Pain is X. X advised X pain has gotten X. Exam reveals X, X, and X which X previously did not have. X is X on the X, X and X. X and X. X is X. Assessed diagnoses include X with X and X. Treatment plan included X and follow-up.

Progress report dated X notes X presents for management of X resulting from a X. X continues to X in X and X. X is being seen for X. X states X and X. The pain is X. X is a current, X. Exam revealed X and X of X. There is X noted in the X and X. X is X on the X. X is X on X. The pain is X in the X. X is X. Treatment plan included continued X, X, X, and follow-up.

X of the X dated X has findings of: X changes of X and X, there does appear to be X and X; there is X just X the X, this is present on X, may represent X but again X, there is X and X.

Progress report dated X has X in the X. It X to the X. It then X. X has a X. The X. X now presents with X. The X. Pain at the present X. Pain quality is X, X, and X. X is noted to have X, X. X included X, X, X. Exam reveals X. X to X. Pain

reproduced with X. X is X on the X. Assessed diagnosis is X, X. Plan is for X and X.

Utilization Review dated X did not support the request for X and X and below additional level; X. Rationale noted that the histories are X and X detailed and they don't support a diagnosis of a X or the need for the requested X. In the most recent exam on X there were X of a X. Exam dated X notes X is a current X. X should be documented prior to X and this was not done. The X of X should be provided to document the X at each X. It was not provided.

Letter of Medical Necessity dated X notes the injured worker was evaluated on X by Dr. X, X with X into X. X reports X is X than X. X had a X that required a X that helped X tremendously. A X was completed at X on X and it was reviewed by Dr. X. Imaging shows X. There is X at X and X and X. X has tried and X. It was recommended, by Dr. X, that X undergo a X and X. X has X. It is well documented in the research literature of X after previous X. If X should continue to have X after the X, then X would be a candidate for X.

Progress report dated X has injured worker being seen for management of X. X continues to X in X and X. X states X and X. X has followed up with X, Dr. X, and has been recommended to proceed with X. X is working on X. Exam revealed X and X. There is X noted in the X and X. X on the X. X on X. The pain is reproduced with X. X is X on the X. X, X, X and X. X reports X and X. X is X. Treatment plan included X, X, and follow-up.

Utilization Review dated X is an Appeal Request Denial. Rationale notes the available records did not address the previous reviewer's concerns in regards to: "The histories

are X and insufficiently detailed and they don't support a diagnosis of a X or the need for the requested X. Dr. X saw the claimant on X with X. There is no mention of the X or which X were involved. Neither a X would cause pain X or X. Dr. X saw the claimant on X with X. 'It mostly X. It then X.' In this history, there is no mention of pain in the X and it is not clear if the X is involved. Dr. X stated X had no more details and the claimant clearly had X. There must be detailed history to support a diagnosis of X pain in a X. This was not provided." The claimant's current symptoms reported were X as it pertained to the X. No X were noted on the current X. The claimant's X noted X and X that would support a X at these X. Given these issues which do not meet guideline recommendations, certification for the X request is not given. Due to the X not being supported, the X are non-certified.

Progress report dated X has X with complaints of X and X. X had a X in the X. This is a X pain. The pain starts on the X, X and to the X. It X. X has X and X of X which occurred prior to X, but X with this X. Since this initial set of events, the X has X. X pain has X. X now has X of the X and is X. X at the X or X. X is X due to X, not due to any X. X needs to do some X, but is unable to do so because of X. X is not X getting on the X and knows that, in addition to the X, it will X. X is a current X. X is X, and X. Exam notes that since X was first evaluated, X has now developed X, X. The X and X and X. The remainder of the X are X. X has no objective X. X and X for a X. X of X is X. There is X. There is pain produced with X. X is X on the X. Treatment plan includes X and X.

Progress report dated X has injured worker being seen for X. X continues to X and X. X states X through the X and X. X has followed up with X, Dr. X, and has been recommended to proceed with X. X is working on X. Exam revealed X, X, X noted on the X, X. Treatment plan includes X and follow-up.

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

This X sustained an X on X and is undergoing treatment for X, X; X. X presented with complaints of pain that starts in the X and X, X. X had a X in the X and did very well with that X. This is a more recent pain. The pain starts on the X and to the X. It stops at that X. X has X and X of X hand which occurred prior to X, but has not changed with this X. Since this initial set of events, the X. X pain has X. X now has X and is X. X cannot X or X. X is X due to X, not due to any X or X. Exam notes that since X was first evaluated, X has now developed X, X and X. The X and X are X and X is X. The remainder of the X are X. X has no X to X. X are X and X for X. X of X is X. There is X. There is pain produced with X. X on the X. X demonstrated X on the X, X: X with X, X. X is noted to have X and X.

However, X is documented to be a current, every day X. Detailed documentation is not evident regarding attempts at X for at X. Guidelines do not support X procedures due to X, without documentation of X. There is no compelling rationale presented or X noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X and X and X; X is not medically necessary. This request is not indicated at this time as the X itself is not supported. Therefore, the request for X and 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**
- 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 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)**