



Specialty Independent Review Organization

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 prospective medical necessity of X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This X sustained an injury on X from a X and X. X was X, X on X, and has had pain since then. X is being treated for X.

The X report has X of: X; a X cannot be completely ruled out; X; no evidence of X; no evidence of X or X.

The X of the X has impressions of: X; X and X.

The X note is for procedures: X, X of the X; X.

The X of the X has impressions of: X and the X; X; X.

The X progress report has complaints of X, at X and on X. The pain is made X by X, going X, X, X, X, X, X, X. X has had an X and X into the X a X. There is X. There is X. Exam of the X reveals X with X and X noted. There is X noted in the X. X is X with X, X and X. X is X. X is noted to show X medial and X. Treatment plan includes X.

The X note is for procedures: X from X with X, X.

The X progress report has complaints of X pain that is constant, at its X, at its least X, and on X. There is X. Exam of the X reveals X with X and X noted. There is X noted in the X. X is X with X with X and X. Treatment plan included X, and X.

The X progress report has complaints of X. The pain is rated at X at its X, at its least is X, and on X. The pain is X, X, X and X. X takes X on occasional. The X pain is still present, but better with the X. X has X to the X. X in X and X and has X then. There is X. Exam of the X and X noted. There is X. X is X on X with X and X and X with X and X. Treatment plan includes continue X, X discussed but X does not want at this time, X, and follow-up as needed.

The X progress report has complaints of X pain. The pain is rated at X at its X, at its X, and on X. The pain is X, X, X and X. X takes X on occasional. X gets X in X. X has X some X. X states X needs to wait until after X to get X. Exam of the X reveals X to X and X noted. There is X that is X. X is X on X with X with X and X and X on the X with X and X. Treatment

plan includes continue X, X discussed but X does not want at this time, X, and follow-up as needed.

The X progress report has complaints of X. The pain is rated at X at its X, at its X, and on average is X. There is continued X, X usually is X than X. X takes X per X. X gets X to both X. Exam of the X to X with X and X noted. There is X that is X. X is X on X with X and X and X on the X with X and X. Treatment plan includes continue X, X discussed but X does not want at this time, and follow-up as needed.

The X progress report has complaints of X, X than X. The pain is X, X, X, X, X, X, and X. The pain is rated at X at its X, at its X, and on average is X. There is X to the X. Exam of the X reveals X to X with X and X noted. There is X that is X. X is 0-X with X with X and X and X on the X with pain with X and X. Treatment plan includes continue X, X discussed but X does not want at this time, and follow-up as needed.

The X progress report has complaints of pain in the X that is X. X has been experiencing this X. The pain is constant, X, X, and at its X, at its X, and on X. The pain is made X by X, and X. X has trialed all the X and X and would like to discuss a X. Exam of the X reveals X, X and X. There is X in the X, X. X was X with X with X and X. Treatment plan included X with X. X will be obtained to X prior to X.

The request for authorization dated X is for X: X, X.
Diagnosis: X of the X, X.

An adverse determination letter dated X is for X. Rationale states: The Official Disability Guidelines do not support the practice of X. This guideline indicates that literature studies have not demonstrated consistent objective functional X assistance as opposed to traditional X. Additionally, the supplied medical records do not include any recent X

including the X to support a X. As such, the request for a X replacement is non-certified.

The X of the X have impressions of: X.

The request for authorization dated X is for X: X Diagnosis: X of the X, X.

An adverse appeal determination letter dated X is for X. Rationale states The Official Disability Guidelines do not recommend utilization of this procedure based on the lack of evidence showing improved clinical outcomes. The documentation indicated the claimant was recommended to undergo X due to lack of benefit with prior treatment. Additionally, X continues to complain of ongoing symptoms related to the X. However, the documentation does not detail an X the requested X of guideline recommendation. Additionally, the most recent imaging reviewed from X indicated that X only had X. Therefore, the requested X is not medically necessary and is non-certified.

The X of the X has impressions of: X of the X and X; X along the X towards the X with X throughout the X and X, X and X the X may be related to X; remote, X of the X and the X.

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

In this case, this X sustained an injury on X and is being treated for X. X presented with persistent and ongoing X. The pain is made X, and X. Exam of the X reveals X, X and X. There is X in the X, X. X was X with X with X and X. However, detailed documentation is not evident regarding X and X, X and X. There is documentation that X has X and X, but this is not documented to have been recent. Furthermore, the most recent imaging study, X from X, note

X. Although X has revealed more X involvement, there is a X as to the X findings (and whether or not that X were X. The X itself is not supported by the available medical documentation provided for review.

Additionally, the requested X assistance is not indicated as guidelines do not support this request. Ultimate outcome differences of X and X have not been documented to be substantially different than X and/or non-computer-assisted X. There is X peer-reviewed literature that shows X to be an effective and/or safe treatment for the noted X.

The Official Disability Guidelines state that computer-assisted X was not recommended for X because this method remains an unproven and X. It may be considered as an option in cases with X, as well as for X in X, where very X. Official Disability Guidelines also state that X is not recommended based on lack of evidence showing improved clinical outcomes.

There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. 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**
- 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)**