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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**

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 medical necessity of: X

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

X

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This X sustained an injury on X and is seeking authorization for X. Mechanism of injury is noted as X was X and X and X. X has undergone X and a X.

MRI X dated X has impressions of: status X of the X.

MRI of the X dated X and X with contact on the X with contact on the X to X and X; X and X and X.

Progress report dated X has injured worker with X that X, and X. The X and X and X, can be improved with X but can also X. The X. Exam reveals X and is X. X is X and X. There is X. X, X, and X are all X. X exam X, X, X, but X for X. Treatment plan includes X of pain of X.

Progress report dated X has injured worker with X, and X in the X. X reports X. Exam reveals X and X. There is X. X, X, X, and X are all X on the X. X exam is X, X, X, but X. Treatment plan includes evaluation with a X and letter of medical necessity for X.

X testing dated X has X, X to X, X is most consistent with X and X; and X.

Progress report dated X has injured worker with X. X was done with findings of X, X, and X. X notes constant, severe pain in X, X, and X. Exam reveals X and X. X of X is elevation X, X; X. X of the X. X, X, X, and X are X. Treatment plan includes a X.

Utilization review dated X non-certified the request for X. Rationale states the patient had X pain with X and X. X had previously X for X and continued to have X. There was X with X provider recommended X. However, the documentation provided did not include imaging reports to confirm X.

Utilization Review dated X non-certified the requested X. Rationale states X was X due to X and X, and X was given and the X pain was

relieved, the X. The provider states there are many X, and the X is not the only factor. However, while discussion notes that X under the effects of an X, there is no evidence of X on examination. X from X shows a X and X which does not support criteria for a X. Thus, current evidence-based guidelines for X are not met.

Progress report dated X has injured worker with X, X, and X. The pain is X and X. Exam reveals X and X. X of X and X and X. X of the X, and X. There is X. There is X. Treatment plan includes a X.

Letter of Medical Necessity dated X notes the X sustained a X and was diagnosed with a X and X. X has X and a X. X presented on X with symptoms of X that was X and X and X, X, and X. The X and X and X and can be improved with X but can also X. X were noted to show X, X and X. X provided X. Because of the improvement of X, it was recommended to undergo a X that was denied.

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

The request for X is not medically necessary.

Clinical references, studies, or treatment guidelines and standards of care should be identified. Using statements like “in my opinion” is not compelling enough to back up the decision, as it is binding to all parties involved.

As per ODG, “Criteria for X with or without X for diagnosis of X 1. X if treatment has been continuous, X if treatment has been X. X must be directed toward X, with X and X. Earlier X may be required with X, X, and/or X. X. Subjective Clinical Findings: Pain with X. AND X. PLUS 3. **Objective Clinical Findings:** X; may also X; AND X, or X AND X. PLUS 4. Imaging Clinical Findings: X AND X. 5. X.

This X is X. X presented with X with X, X, and X The pain is X and X from X. Exam reveals X and on X. X is X and X. X is X, X, and X.

There is X to X. There is X. X of the X dated X has X of: status post X associated X with X; X, X; status X.

However, detailed documentation is not evident regarding X and failure of recent, reasonable and comprehensive less X measures directed to the X. X is not guideline supported without documentation of X. X has also X and a X. There is also X. X revealed a X. There was also noted to have been X above X. There was/is not insignificant ongoing X to both subjective and objective clinical findings of X and X. Overall, these findings as an X do not support criteria for another X.

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 reasonable or 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**
- 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 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)**