

Notice of Workers' Compensation Independent Review Decision

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a X diagnosed with X and X, X.

The MRI (magnetic resonance imaging) dated X, revealed X and X.

On X, the patient reported X. X findings included X, X, X. Prior relevant treatment included X and a X performed at X and X on X which resulted in X. The treatment plan included X.

On X, the patient reported X, X. Physical examination findings included X, X, X, X and X on the X, and X.

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

Official Disability Guidelines (ODG) recommend X for patients with X and X.

In this case, the patient is a X diagnosed with X and X. The patient has X and X, X, and X. The patient has X that was X. The patient has noted X on the X is recommended as a X. As such, the X is medically necessary. The prior determination is overturned.

SOURCE OF REVIEW CRITERIA:

- 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
- Presley 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)

REVIEW OUTCOME:

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

X

ATTESTATIONS:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN
OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

X