

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]:

This case involves a X who was seen in the clinic on X for a chief complaint of X. X reported X. X pain was rated X on the pain scale. X described the pain as X. X reported X since X. The diagnosis for the encounter was X. The pain X and was X with subsequent X for X and X. X had X with X. X including X, X and X was reported as X. The pain X to the point that X and X. Objective examination findings to the X revealed pain with X. The request for authorization was for a X. The patient was to follow-up in the clinic in one month for reevaluation.

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

The Official Disability Guidelines indicate that X is recommended for a X following a X and X. The guidelines also indicate that for a X evaluation there should be evidence that X criteria have been evaluated for and fulfilled. A X is recommended for select patients in X to X, but X use is not recommended. The patient had undergone an X on X showing a X and an X showing no X. There were no MRI or X findings noted. The patient had X. The provider did mention X secondarily but did not mention X being evaluated for. The request for the X was made related to the diagnosis of X. Medical necessity

has not been established related to X as there were X noted and the X were diagnostic. Therefore, the requested X is not medically necessary. As such, the prior determination is upheld.

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
- X
- Presley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Medical Literature
- X
- X
- 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

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

Board certified in X