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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:**

Board Certified in X

### **REVIEW OUTCOME:**

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

X

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

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

X

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

Dr. X examined the patient on X. X was X and X. X had X. X was X and X. X had X, but X also X. X was seen on the date of injury and received X and X. There was X on exam and X. X and X. X had X and an X. There was X and X and X and X were X. X was X and an X was ordered. The patient was taken X. X of the X that day revealed no evidence of X, X, or X. There was X. A X revealed X. The X, X, X, and X were noted to be X, X, or X. The patient returned to Dr. X on X. X noted X pain on the X had X, but X had X like something was X. X continued to X as a result. On exam X had X with X. X had a X. The X was noted to reveal no evidence of a X, X, but X did appear to have an X. X was noted to be X, while the X. It was noted this was not noted on the X, but X. X was X and the patient would remain X. X, P.T. examined the patient in X. X of X and X the X. X, and X and X. X presented in a X and X. Dr. X noted on X that X had been X. X noted X personally reviewed the X and it showed an X and there was X. The patient X and X. As of X, X noted X continued to have X and X. X denied any X. As of X, X was X and reported X and X. X denied any X. X of the X was X. As of X, X reported X or X and still denied X. X was X in the X. Dr. X followed-up with the patient on X. X had been treated with X and still had X, X and when attempting to X. X had attended X. X had X. X was -X and X was X. X and X were X and X still had a X. X was recommended and Dr. X advised the patient that "with this being a work comp case and the X not mentioning the X this may take a X. X was given a X and would remain X. An adverse determination was submitted on X for the X with X. On X, Dr. X noted the patient had X and X and X. X would be sent for a X and follow-up after. On X, the patient returned to Dr. X. X continued to have X and X was noted that occurred when X. The X had also been denied. X was X and X appeared to have X. Dr. X noted this might be consistent with X. X would X and appeal the denial. As of X, X still had complaints of X and X. The carrier had denied the X, X, and X that was noted to objectively document X. X was

also being currently asked to work in a X. The patient also noted X had been X. X was X and X. X was again X and X had X. X would remain X. On X, another adverse determination was submitted. The patient returned to Dr. X on X and X complaints were X. There was X in the X and X. X and X and X were X. X was again X and X was X. It was again noted the patient was in the X and X would X. On X, another adverse determination was submitted for the X, and X. As of X, it was again noted X and the X had been denied. Exam findings were X. X would X due to the X and X was in. On X, a request was submitted by Dr. X.

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

The patient is a X who reported injuring X. The described X when X, X. The X by Dr. X on X demonstrated an, X, questionable X, X, X, and X. Dr. X diagnosis at that time appeared to be a X and X ordered an X that documented X, an X, X, X, X, and some X. The subsequent examination by Dr. X on X reported a X, which X felt might be consistent with a X. The X reported X, X, and X. The requested X was non-certified on initial review by X, M.D. Dr. X non-certification was upheld on reconsideration/appeal by X, M.D. on X. Both reviewers attempted peer-to-peer without success. Both physicians cited the evidence based Official Disability Guidelines (ODG) as the basis of their opinions. It should be noted the ODG indications for X, in X, note that X is X who X. It includes: 1) Conservative care: X and X or X) Subjective clinical findings: Pain alone is not an X. X described as X or X and X; plus 3) Objective clinical findings: X or X or X and X; plus 4) Imaging clinical findings: Finding consistent with X involving the following: X. The X report provided clearly documented X. Dr. X reported a X and X on X. Later, X reported some evidence of X, but noted X in the X on X. There was no documentation regarding a X or X. In addition, there was X. As

noted, the X also documented X, and X. The X request does not meet the criteria as outlined by the ODG. The X, X, X, X, X, and X are not required or appropriate since the requested procedure has been non-certified. Therefore, the requested X is not medically necessary, appropriate, or supported by the evidence based ODG and the previous adverse determinations are upheld at this time.

**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)**