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Notice of Independent Review Decision

Amended Letter

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: X

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

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
X

PATIENT CLINICAL HISTORY [SUMMARY]:
X who sustained a X. X was diagnosed with X; X; X; X. As per medical report dated X by X, MD, X reported X did not help with pain. X reported X. There was X and X and a X on this visit. On review of systems, X admitted to pain, X, X, and X. On X, X, X. There was X, X. X was X / X. There was X, pain X / X / X, X over X, X / X. The assessment included X. Treatment plan included X and X and follow up in X. In a letter dated X, Dr. X wrote X had been under X and was requesting X. X stated, they needed to continue treatment for X to X. X had presented to the office to discuss X. They needed the X due to X. X reported a constant X. X had X and X. X of the X and showed the X and X, that the X was in X. X would show X and did not X, or X and X. They needed to confirm that the X had not become X in any way that

X. On X, X returned to Dr. X for a X follow-up visit to X and other options. X complained of X that would X and X. On examination, the X was X, X, and X. There was X, X. X was X / X. There was X. The X and X was X. Pain was X, X and X. There was X, X and X. There was X. X showed X and X. X was X. There was X. X pain. The X was X. X was X. There was X. The assessment was X. X of the X revealed X, X, and X or X. X involving the X was noted. Treatment to date included X, X, and X. Per Utilization Review dated X, the request for X and X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. Based on the clinical information provided, the request for X for the X is not recommended as medically necessary. The patient's X notes that X, X and X are X and X. There is reported X to X; however, there is no documentation of X. There is no documentation of what treatment the patient has received X. There is no clear rationale provided to support the requested study. Therefore, medical necessity is not established in accordance with current evidence based guidelines." Per reconsideration review dated X by X, MD, the request for X for the X between X and X was denied. Rationale: "Based on the clinical information submitted for this review and using the evidenced-based, peer review guidelines referenced below, this request in non-certified. There was X finding that would X the need of the current request. Suspected X and X were addressed to necessitate the need of the current request. The X were not also X as there was X documented from the recent visit. The guideline stated that X is an X. X can be performed when X is X. There was no clear indication as to why the patient would have been a X. While it is X the provider want to check X, this was not clearly stated. Clarification is needed in the request and how it might change the overall patient's clinical outcome. Pending this, the current request is not supported as of this time."

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

Per Official Disability Guidelines, X to X, when X is X, is recommended. The claimant reported X. Per the treating provider, they needed the X due to X. X reported a X. X had X and X. X would X and not demonstrate, or show the exact X. They needed to X had not become X or X any way that might be causing the X. On X, X, X, X. There was X, X. X was X / X. There was X, X. Prior imaging is noted as X,

but no post-operative imaging is submitted.
Based on the X with X and X, the request for X is 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 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

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TMF SCREENING CRITERIA MANUAL