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Notice of Independent Review Decision

Description of the service or services in dispute:

X

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified X

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 was injured on X. The X of the injury was not available. X was diagnosed with X, X and X. On X, X presented to X, MD with complaints of X. The pain was rated X, X,X,X,X or X. X revealed X, X. There was an X and X. There was X and X on the X and X, X. It was noted X had undergone X and X. The treatment recommendation included X and a X. X of the X demonstrated X. There was X. The X dated X showed X or X. No evidence of X. There was X and X, X, X and also X and X. There was X, X, X. Status X, X, X, X. There was X. Treatment to date included X; X, X, X, and X; X; and X. Per a peer review dated X, X, MD denied

the request for X and X as not medically necessary. Rationale: "In this case, the claimant presented with X and X and X on X. The X revealed X. There was an X and X and X. There was X at X and X and X. It was noted the claimant underwent X and X. The X of the X performed on X revealed X and X and X. The X of the X revealed X or X or X. However, the claimant had no evidence of X, or X according to guidelines, Medical necessity has not been established. Therefore, X and X is not medically necessary." The request for X to the requested procedure. Therefore, X was also denied as not medically necessary. Per peer review dated X, X, MD upheld the denied request for X and X, the request for X, and for X as not medically necessary. Rationale for X and X as not medically necessary included, "There was a previous determination in which the request was non-certified. The requested X is not medically necessary so the X is not necessary. Therefore, the requested appeal for X is upheld." Rationale for X as not medically necessary included, "There was a previous determination in which the request was non-certified. The requested X is not medically necessary. The X does not demonstrate any evidence of a X or X. There is X. The guidelines have not been met for the requested procedure. A peer review was attempted but did not occur. Therefore, the requested appeal for X is upheld." The rationale for the requested appeal for X, X as not medically necessary included, "There was a previous determination in which the request was non-certified. The requested X is not medically necessary so the X is not necessary. Therefore, the requested appeal for X, X is upheld."

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The claimant had been followed for a history of X and X status post X performed in X followed by a X. Interval treatment had included X. No recent X records were included for review. X had included the use of X, X, and X. The X noted evidence of a X. X of the X and X was also noted. There was X noted at X. The X study of the X also noted X. A X defect was noted at X. At X there was evidence of a X present with X. This contributed to X. The X evaluation by Dr. X noted continuing X and X. The X noted X at the X and X. The claimant demonstrated an X noted X. There was X noted.

The claimant presents with X. In review of previous X, there is evidence of X which was X and X which does X. The claimant had not demonstrated any X or use of X. It is X that the claimant would X. Given the prior X and the X, it is very likely that any X at this level would only result in X. Therefore, it is entirely reasonable to proceed with X the level and address the current X. Therefore, it is this reviewers opinion that the X is medically necessary. The requested X would also be appropriate and medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)