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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: 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 is a X who was injured on X. X reported X while X when X in X along with X. The diagnosis was X, X, X, and X. X, MD evaluated X on X. X presented for initial evaluation of X after X on X. X reported the pain was located in the X of X and was exacerbated when X from a X. X noted X and presented with X. On examination, X was noted to be X and X. The X showed X, X with X about the X, X, X to X along the X but most of the pain was X. X examination was X to the X. An X was noted. The assessment was X of X. A X with X was recommended. An X of the X dated X, showed X of the X to the X; X and X; and X. Treatment to date included X and X. Per a utilization review adverse determination letter dated X, the request for X with X between X and X was noncertified by X, MD. Rationale: "Per evidence-based guidelines, X is indicated in conditions with X and X by X after the X. In this case, the patient had pain in the X. The pain was located in the X and is X when X. X was noted X. Examination of the X revealed X, X with X, the X, there was X to X, and most X to X. The provider made a request for X. However, there was no actual

imaging report was submitted for review to objectively validate the presented diagnostic findings. Moreover, the patient is currently a X and X. X of X and X should be considered prior X. Furthermore, there was also no clear evidence of significant X and X of X. In addition, the guideline also states that deal patients for X are X, with X or X associated with X and no associated X and due to the unsolved issue of X with or X, many previously accepted indications for X are now strongly questioned, especially for X, those with X, and those with X. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified.” Per a reconsideration review adverse determination letter dated X, the request for X between X and X was noncertified by X, MD. Rationale: “Per evidenced-based guidelines, X are recommended for patients with X and objective findings corroborated by imaging report and after exhaustion of conservative care. In this case, X with X was requested; however, objective clinical findings presented were insufficient to fully meet the criteria of the requested X. There was no clinical evidence to suggest the presence of X, X, X, X, X, and X. Furthermore, objective evidence that the patient had X, supervised X, and X was not completely established in the medical records submitted to consider the requested X. X Notes by X, PT, DPT dated X indicated that the patient would continue to benefit from X to X and X needed to return to X. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified.”

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

The ODG supports X. The documentation provided indicates that the worker reported X and X following an injury. An examination of the X documented X, X, X, and X. An X a X of the X of the X and X and X. The provider recommended a X. Previous treatment has included X. Given that the worker reports X and X following an X, has not improved with X, has objective exam findings consistent with X including X, X, and X, has evidence of an X on X, progression to X would be supported. Given the X and objective examination findings despite X, it is unlikely that ongoing X would result in meaningful improvement.

As such, the requested X with X is supported as 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