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An Independent Review Organization
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Notice of Independent Review Decision

Review Outcome

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 is a X who was injured on X. X sustained an injury when X and X. X reported X. X was diagnosed with X and X or X, not specified as X.

Per a letter dated X, X, DO wrote an extensive letter regarding X, X, and X prior visit, and how it was related to the X and X. They did X. They had requested X, which was X previously to relieve X and X; X was protecting X. The pain level was X at the time. X had marked X over the X and X and X.

X presented to Dr. X on X for continued care regarding the X and X associated with X, X, and X to the previous X. Unfortunately, the doctor or person who reviewed this case was obviously unfamiliar with X. X had exhaustive X and X. All the previous treatments had X. X and X were the only successful treatments till date. The X would be reserved for X and X or X, X, X, and X. X was X and X and X. Any upcoming delays would lead to more X and X. X had X and that was why X was sent to an X. X was the treatment for X. As a result of the denial of care, the X had X. X was requiring X and X. They were going to have to X as the X was X and they were going to resubmit for X, which was beneficial previously.

Treatment to date included medications X, X, X, and X, X, and X and X on X and X and X on X with X.

Per a utilization review determination letter dated X, the request for X, as an outpatient was non certified by X, MD. Rationale: "Per ODG, X may only be considered as a last option for X, select cases with a diagnosis of X and as a X / X. In this case, there is no record of a X and no record of ongoing X in X or other X. There is also no record of specific and meaningful objective X following prior X. Therefore, the request for X as an X, is not shown to be medically necessary."

Per a reconsideration review decision letter dated X, the request for X performed under X, as an X was denied by X, MD. Rationale: "As outlined in the Official Disability Guidelines stellate X or X are generally not recommended. This is based on a X relative to the effectiveness or utility of this X. While the requesting provider indicates that X have been completed, and there is reference made to prior X, the specifics of the X, the X is not presented. Therefore, given the specific parameters noted in the ODG tempered by the lack of a copy of the clinical assessment provided by the requesting provider is insufficient objective clinical data presented to support this request. As such, the Reconsideration Request for X, as an X is not medically necessary."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Current evidence based guidelines note that the requested procedure is not recommended based on a X. Since X has been widely performed, despite X, other more proven treatment strategies like X and X should be preferentially instituted. The patient noted only X following a prior series of X. Additionally, there is no documentation of recent or ongoing X. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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)