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Notice of Independent Review Decision

Amended Report

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

The reviewer is a Medical Doctor who is board certified in X.

REVIEW OUTCOME

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

X

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This X sustained an injury on X and is seeking authorization for X for the X and X as requested by Dr. X at X. Mechanism of injury reported is X was X, and X causing X to X.

Records from X from X through X were reviewed. X of the X has X. Peer Review, X, states mechanism of injury of on X

was X, X, and X and X. X dated X and X, as well as the peer-reviewed, evidence-based Official Disability Guidelines (ODG). Within reasonable medical probability, based on review of the mechanism of injury and the objective clinical documentation in the medical records provided, the injury of X, for the X, extends to include a X, X. The X of the X reported X and only revealed X. Complete recovery from X and X and X can be expected, even without X. Peer Review & Rebuttal Letter dated X states basically there is a X where X findings were related to X. The X was done well after X that therefore the initial injury could have been X by this time. The claimant is an X and could have possibly had an X before, but it is felt like X injury definitely X. Letter dated X notes the claimant was seen in this office on X. The examination was for the purpose of addressing the proposed questions in relationship to the effects of a X. X had complaints of X and X. The pain is present X and is made X. X the X. X rates X current pain as X out of X and X. X reports X. Exam of the X reveals X and X. X of the X and X. X on the X and X. X was X. Exam of the X reveals X and X. There was X of the X. X was X. There was X. Range of motion was X, X, X, and X. It was opined that given all of the information, it is more likely than not that X, X were caused by the X. X has not reached X. Progress report dated X has X. The pain is X and X. X is noted to be X and X. X is status X and X. Exam of the X reveals X of X. Exam of the X. X is X, X. Treatment plan includes X and follow-up in X. X dated X has this as X for diagnoses of: X and X, X. Chief complaint is X. Assessment notes the patient demonstrates a X. X requires X to address the X, and to X. Overall X is X. X presents with a X and is only able to X, has X, X which are needed to X. X at best is X; at X; and current X. X can X. X is only able to X. X is X and X is able to perform X. X is X. Strength is X and X. Treatment plan is for X for expected X. Pre-authorization request dated X is for X at X. Diagnoses are: X and X and X. Adverse Determination dated X denied the X and X as requested by Dr. X. Denial rationale states

there was documentation that the patient had X. There was documentation that the patient was X per the X note. However, there was a lack of documentation of the X completed X if the request for X was X. Letter of appeal dated X notes the patient has X to X, but X has not been treated for X. Pre-authorization request dated X is for X. Diagnoses are: X. Appeal Determination Denial dated X noted there was clarification that the X completed was X. The X noted that X had not been treated with X for X; however, there was utilization review documentation that the patient had been treated for the X, X, that the X had not accounted for. Although the request for APPEAL: X; dates of service (DOS) up on approval may be reasonable, given the state of jurisdiction, as not all requests are consistent with guidelines, a peer-to-peer must take place for partial approvals. Peer took place with Dr. X, case was reviewed, and no additional clinical documentation was provided that would change the determination.

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

As per ODG, X: Medical treatment: X
Also, as per ODG, X. This X sustained an injury on X with X and exam findings X, and X. On X evaluation, X notes X pain and deficits that prevent X from X. There is limited documentation of any recent X directed at the X. The requested X is within the guideline recommended X indicated. This request is medically reasonable and 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 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)**