



Specialty Independent Review Organization

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:

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 with noted injury of X.

The X cites a X on X of X. X was performed on the date of X including X and X. The X was performed on X for X. On X, X was performed with X, and X and X was performed. X have

been performed. X has complaints of X. The X are X and X needs to protect them. X notes the X. There is X involving the X. X has X. The X is noted on the X. There is X. X are X, but there is X and X. This is especially present in the X and in the X. The X extends from X to the X. The X is at approximately the X. X is X compared to the last examination with X at only X and X. X are X, X, X, X, X, and X. X was reached on X.

The X written request for authorization has X with X. X relies on X for X in all X. X reported X is X. X stated that the X is X and not allowing the X. X the X and identified: the X; the X; the X; there are X. X are required.

The X progress report has X noting X. X was having X and was using X which X, but had to X. The X were examined and X is having X and there are X noted on X specifically the X. X also does not appear to X. Treatment plan is for X.

The X Statement of Medical Necessity states X is very consistent user of X. Evaluation of X has indicated that it no longer X or X and X as well as changes in the X. As no further X or X are X, X is now medically necessary. The X is X than X current X and is necessary to X to X and with X.

The X Written Request for Authorization has injured X relying on X and X. X reports that while they X, X no longer X or X. The X is X and the X. The X and X, resulting in X. Additionally, the X is X and is X. The intended X of X and X is X; the X is X and has required X. It can X. A X. The X is X for this injured X.

The X Written Request for Authorization has X having been X with X. X relies on this X for X in X including X that are not indicated for X. The X preventing X from X. The X now X to changes in X since the X was X. X of the X was made.

The X Clinical Review Summary notes the X has been X. X also X between the X and X. X was X in X and X has had ongoing X as X is X on X for X. The X is X and is X. X reports the X and X and the X. X was evaluated on X for X and the X is X. When the X was X, X became X. X was able to X the X and X was X and X. X did not previously X and X. X is recommending X. X relies on X to be X and X. X has shown determination in wanting to X, but was X. The X would be more appropriate for X as X would X it when X.

The X progress report has X with complaints of X. The X. X has X. The X were examined and X is having X and there are X noted on X, specifically X. The X also does not appear to X. Treatment plan is for X.

The X Utilization review non-certified the requested X. Rationale stated the patient was X of X with X since X. X also X between the X and X. X relied on this X for X in X including X that were not indicated for X. The X no longer X preventing X from X that provide a sense of X. A request for X was made. However, clear evidence of X effectively was not established from the recent visit to necessitate the need of continuing the use of the current request.

The X Statement of Medical Necessity states that the X does have the X. X has had this type of X for X and has X it without any X.

The X Utilization Review non-certified the requested appeal of X. Rationale stated although it was mentioned in the most recent report that X had the X, there was no comprehensive objective assessment of X current X or X to justify that the patient can indeed X the currently requested X. Also, clarification is needed for the necessity of the X versus a X,

and how this would further benefit the patient's current condition. The prior non-certification is upheld.

The X letter of medical necessity is in regards to the clarification request. The X current X is an X. The X is X and is X and can X. The X is not a "X", but rather a X. The X also has X. The benefit of the X over the existing X is that it is X. It is both X and X and does X. It offers X that are X and X than the X. Technology in X have X since the X was put on the market. It has a X that X which can be achieved X and X. This allows X to maintain X. Provision of the X will provide X with X when X. X has used a X and found that it X.

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

As per ODG, "The choice of a X or X can be influenced by factors including X. A systematic review found conflicting evidence regarding the X and X. X have been shown to have advantages of X; while they could still X. X have been shown to X and X, as well as being X. X should be based on a patient's X and X, X, and X."

This X sustained an X on X with X. X is noted to have been using X (that has now become X and is X.) Request was made for a X. X has trialed this and is noted to have X with it. Specifically as noted on X in the letter of medical necessity/clarification. "Provision of the X will provide X with X when X. X has used a X and found that it X."

As noted, the X is expected to provide X with X when X. (X was noted to X, but was X, but was X by its X. X relies on X to be X and X and noted the X was X for X X.)

ODG Guideline criteria have been met as "X selection should be based on a patient's individual needs and include

personal preferences, X experience, and X requirements.”
Therefore, 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 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)**