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An Independent Review Organization
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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. The X of the injury was not available in the medical records. The diagnoses were X. X was seen by X, MD on X for X. X presented to the office for follow-up for X. Since the prior visit, the X had been X and X. Within the last week, X rated the X. The X was X. The X was X, X rated the X. The X was X. X was on X and X as needed and X and X. X reported X, X had a X, which X. X reported X in the X of the X. On examination, the X was X. X examination showed X with X on the X. X in X showed X. X in X showed X. X reported X with X. Treatment to date included X in X, X (X, X, X, X), and X. Per an appeal letter dated X by Dr. X, X was the only X that had demonstrated X and X following a X delivering X directly to the specific X causing the X. This X, X, was X for use X in the X and / or X for: (i) X of X, X, X and X; (ii) X of X; and (iii) X of X. X suffered from X from injury that happened in X. X was not X. X had tried X, X, X, and X. X had been X with X of patients reporting X and X. In addition, the X

provided the following practice guidelines and position statement supporting the use of X: X was warranted when following circumstances existed: 1) X was unsuitable for any reason, such as the X was X or X and X are X, or 2) a situation better suited X than X. Dr. X documented that the X (X) X, in particular, is unique within the X category and in contrast to the other treatment methods commonly confused with X; namely, X (X), X (X), and X (X). X in the X / X is X within the X; in the X, X in X within the X; and in the X, X generally X of the X. In X / X; X is via X, removed after the X; in X and X there are X. X in X / X, X into the X within the X; in X, X into the X within the X; and in X, X or X to X generally X the X. Typical X period in X / X, X delivered via X during X treatment sessions spanning a X, (e.g., every X, X, and X for X); in X, X typically delivered via X over X, X or X or as a X for X, often performed in X with X; in X, X delivered via X: i) as a stand-alone treatment for X, ii) as a trial preceding a X or iii) as a X (X and X). In X / X, X guidance is not required; in X, X guidance is not typical; and in X, X, generally X is X. Physician skill requirement is X in X / X; X in X; and X in X. Dr. X noted that the X was an X that had demonstrated X in treating X. Per a utilization review adverse determination letter dated X, the request for X was noncertified. Rationale, “Not recommended, including X and X including X. While it has been suggested that X may X or be X treatment, there are still gaps in knowledge requiring further research. Data on these techniques has been limited to case reports, X, and X, primarily for X. There is insufficient evidence to support the safety and effectiveness of X for any indication.” “A peer conversation occurred in this case. There are no documented extenuating circumstances to support an exception to the guidelines. The treating physician has not provided X medical evidence to rebut the ODG's conclusion that evidence to support this treatment is currently X. The ODG guidelines were discussed on peer-to-peer. No pertinent clinical trials were identified. Although it was noted on peer-to-peer that treatment options for X were limited, there would need to be evidence of efficacy to support this treatment. The request is not shown to be medically necessary. Therefore, the requested X is non-authorized.” Per an appeal letter dated X by Dr. X, X were commonly used approach to treat X and can be classified into X and X. X: X with the X were X for X, have been X since X and were supported by randomized clinical trials demonstrating X following X. To date, no other X had X without a X. X involved a X in which X were X for X (typically X) after which those who reported X undergo X and X. The X was comprised of X targeting the X causing the patient's X. A X (X) delivers X to the X. The X were to remain X for the duration of the X treatment period. The X has been studied extensively with X of patients reporting X and X. A list of X-related peer reviewed

publications, presentations, and collected data can be found on the website at X. In addition, the X provides the following practice guidelines and position statement supporting the use X was warranted when following circumstances exist: 1) X was unsuitable for any reason, such as the X was difficult to access or X and X are X, or 2) a situation better suits X than X. Dr. X opined that as elaborately detailed in the enclosed medical records, X suffered from X. X was X, X, and X. They had attempted to X with X, but X and X. Without approval of the treatment, the only other options were X and / or X. Per a reconsideration review adverse determination letter dated X and X, the request for X was noncertified. Rationale, “Per ODG, “Not recommended, including several terms and X variations including X." In this case, the patient presented on X with complaints of X. The patient's X is noted to be X and X. The patient's X is rated at X. The patient is currently on X. The patient's X is noted X of the X. The patient has X. Evidence-based guidelines do not support this X. No exceptional factors were noted. Therefore, the request for X is non-authorized.”

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 X. There is insufficient information to support a change in determination, and the previous non-certifications are X. There is a lack of support for the requested X within the Official Disability Guidelines. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. There are no specific, time-limited treatment goals provided.

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- 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