

Maximus Federal Services, Inc.
807 S. Jackson Rd., Suite B
Pharr, TX 78577
Tel: 888.866.6205
Fax: 585.425.5296
Alternative Fax: 888.866.6190

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

Physician, Board Certified in X with a subspecialty certificate in X.

REVIEW OUTCOME

X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

A review of the record indicates that the patient sustained a X on X when X. X had X on X but was also treated with X and X, as well as X and X. However, due to the persistence of X problems, the patient was X, and X has since had X. This treatment included X. Nevertheless, the patient continued to report X in X. The evaluation from the X at the end of the X indicate X scored X out of X on the X, which indicates X. It

indicated that the member rated X as a X out of X on average. The patient showed X towards X goals from X initial assessment. Additionally, while the evaluation from X after participation in X of a X, noted X in X. The report from the patient's X indicates that X is still at the X, whereas X is in the X.

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

In this case, the injury is X, therefore, going by the Official Disability Guidelines (ODG), the patient is X from the treatment. Additionally, the X at the end of X indicated the patient has X relative to the baseline. Furthermore, although the X at the end of X noted X, there was no objective evidence of X from the treatment.

Therefore, X have determined that authorization and coverage for X, as X, not medically necessary for treatment of this patient 's condition.

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 - CRITERIA FOR THE GENERAL USE OF X PLANS**
- 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)**