



530 N. Crockett #1770  
Granbury, Texas 76048  
Ph 972-825-7231  
Fax 972-274-9022

---

## 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 agrees with the previous adverse determination regarding the medical necessity of: X

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a X is being treated for X. X has a history of a X and X on X. There is documentation indicating trial and failure of X and X.

The X progress report has X seen in follow-up X for X and X on X. X states some X. X and X were denied. Exam of the X reveals X. X has X up to X; X to X; X to X. X up to X. X is X in X, X, and X. Treatment plan included X to X; continue X; continue X; X; and follow-up in X.

The X progress report has X seen in follow-up X for X and X on X. X states X went to X and X on X own X, and states that X with X. Exam reveals X of the X. X revealed X up to X; X to X; and X. X has X up to X. X is X in X, X, and X. Treatment plan included continued X with X; continue X; and follow-up in X.

The X progress report has X seen in follow-up X for X and X on X. The X is well established and X has X. X notes X symptoms have X. X notes X on the X of X. There is continued X. X was denied. X is taking X with X. Exam of the X reveals X. X has X up to X; X to X; X; X to X; X to X. X is X in X, X, and X. Treatment plan included X.

The X Utilization Review Report has the requested X of X and X under X and X: X non-certified. The denial rationale states guidelines require "X of conservative treatment including X, X, and X." In this case, the X has had X, however, there is no indication of a recent X. Guideline criteria have not been met. In regards to the X; this is secondary to the requested procedure that is not approved.

The X progress report has X seen in follow-up X for X and X on X. The X is well established and X has X. There is continued X. X states X still X and makes X. Exam of the X reveals X. X has X up to X; X to X; X; X to X; X to X. X is X in X, X, and X. Treatment plan included X of X and X under X. X at this point is inappropriate and would not provide any X this late after X and with X current diagnosis.

The X Utilization Review non-certified the request for appeal of X of X and X under X; X: X. Rationale stated this request was previously denied as there is no indication of a recent X. There continued to be no indication of recent X. There are also no X reports provided for review. The request is not certified.

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

Regarding the request for X of X and X under X: Using statements like “in X opinion” is not compelling enough to back up the decision, as it is binding to all parties involved.

This is a X who is being treated for X, X; X of X. X presented X with continued X in the X. Exam of the X reveals X. X has X up to X; X to X; X; X to X; X to X. X is X in X, X, and X. However, detailed documentation is not evident regarding updated X studies having been performed X to X. In addition, detailed documentation is not X and X, X and X. There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X of X and X under X is not medically reasonable or necessary.

Regarding the request for X: X:

The Official Disability Guidelines recommend X as an option following X of X and X and other X. The X keeps the X in a position that takes X off the X. X for X and X may X contact to the prepared X but are not used for X. (X) (X) A X is generally recommended for X after any X. A X is to begin X the X at X, reducing the number of X per X it is X.

This is a X is being treated for X, X; X of X. However, the associated X request is not supported. Therefore, the request for X: X is not medically reasonable or 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
- AHCPR- 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)**