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## **Notice of Workers' Compensation Independent Review Decision**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

X

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

X

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

This case involves a now X who was injured on X when X.

On X, there was an X (X) of the X performed with an impression of the X was X. X associated. On X there was documentation of a X of the X that revealed X, no X or X, no X.

The patient was seen in clinic on X for follow-up of X. X reported that X symptoms X. X reported X by the X. X was X, X experienced X by the X. X rated X as X on the X. X had been doing a X since the time of X injury. X had a complaint of X, with X. X had a X.

Objective examination findings to the X revealed X was X, there was X. X of the X was X. There was a X and X. There was no evidence of X (X) on examination. The diagnosis for the encounter was X.

Treatment options were discussed, and the plan was Xbased on X and X, as well as X. The procedure was to be X.

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

According to the Official Disability Guidelines, X is recommended when there is evidence of the X on X in addition to a trial and X. This

is a X with an X who had an X. The X has had X and even though the X did not show a X at the time, it's very probable there's a X. The X was also requested previously and during that X, it is common to encounter X that were not seen at the initial X due to the X. Additional conservative treatment at this time would not be supported given the ongoing symptoms with X. The decision for using X is based upon X. This is used to permit X. X is considered appropriate in this case given the above. As such, the requested X is medically necessary. Therefore, the prior determination is overturned.

### **SOURCE OF REVIEW CRITERIA:**

- 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
- Presley 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)

### **REVIEW OUTCOME:**

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

X

### **ATTESTATIONS:**

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH  
PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED  
THE DECISION:**

X