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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 mechanism of injury was X. The diagnosis was X. X was seen on X by X, MD for X. X, X had been requested, but it was denied. X reported that X, although X. X was about X. X was able to do X of X. X had X. It was X by X and X. X stated that the treatment X. X had X and X, which X over X. X was X from the X visit when X, X, and X was X. The assessment was X. Dr. X stated that he would appeal the denial of X at the time. X had done X with X. X was doing X, X at X but was still X, but X was able to do because of X of X. An X of the X dated X was X for X. Treatment to date included X. Per a peer review dated X by X, MD and a utilization review adverse determination letter dated X by Dr. X, the request for X was denied as not medically necessary. Rationale: "In this case, the request for a X procedure is not medically necessary. As noted in ODG's X Chapter X topic,

X procedures, as were proposed here, are conditionally recommended as there is only "conflicting evidence" on the same. ODG reiterates that X procedures generally have not resulted in X, ODG further notes that those receiving such X should have proven X following X performed using X. Here, the attending provider's documentation and a prior utilization review (UR) report of X both suggest that the previous X are performed under X, negating the diagnostic value of the same, ODG further notes that such X should be administered only in cases where X, X, X, and X have been X and X. Here, there is no record of the claimant's having X. The claimant is no longer X. It is unclear, thus, whether the claimant is or is not compliant with X. ODG further notes that those pursuing X procedures should have X, X, X, and X. Here, however, there is no record of the claimant's having failed X. The claimant's compliance with X is unknown. There is no record of the claimant's having X. ODG further notes that such procedures should be performed in conjunction with an X. Here, the fact that the claimant is X suggests that the claimant is not in fact, intent on employing the procedure in question in conjunction with an X, X, or X. The request, thus, is at odds with multiple ODG guidelines for pursuit of the procedure in question. As such, the request is not medically necessary. Therefore, the request for X is not medically necessary." Per a Peer Review dated X by X, MD and a utilization review adverse determination letter dated X, the appeal request for X was denied as X. The rationale given was as follows, "Per guidelines, "The history and documentation do not objectively support the request for X, The ODG state "Criteria for X: (1) X. (2) Procedure should support an evidence-based X (e.g., X, X, X, X). (3) X. (4) X should be performed (X are not recommended)." In this case, there is no evidence of X. The medical necessity of this request has not clearly been demonstrated. A clarification was not obtained. Therefore, the request for X is X."

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 upheld. There is no current detailed X submitted for review. Peer review dated X indicates that the compensable diagnosis is a X. The report states that the X of the X was not reasonable or medically necessary as

related to a X. The effects of a X had in all medical probability X within approximately X of X. No further treatment is supported. The patient was determined to have reached X.

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