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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. X suffered a X. The diagnosis was X. On X, per a letter by X, DO to X, DO, X was seen for X. X was X. X. On examination, X. X was X. X was able to X. X showed X. X had X. X had X in the X. X had X. There were X. X in the X were also noted. X was X to X with X at X and X. X had X. X had X. X had X. X in the X were noted. The diagnosis was X. X had X on X by X, DO. The X diagnosis was X. On X, X presented to X, DO for a complicated case of X. X felt X was X, was X. X had X and X. Dr. X stated they went over X. X did have X consistent with X. X had exhausted X and X. The X of the X was X most notably. X had X. X was X. As a result, Dr. X stated they were going to go ahead and recommend X. In the meantime, X was advised to X. X was continuing with effective X with Dr. X. X was not interested in X. At the time, X was X, and X did request X. In the meantime, X was satisfactory. X showed X. On X, X presented to X, DO for a follow up visit. Dr. X stated X had X as well documented. Dr. X stated the peer doctor, apparently did

not review their notes. X had X. X had X. That had been corroborated with X. X showed X. Clinically, X was X. Dr. X stated X was X. X had found X that did not require that capacity. As a result, X wanted to go ahead with reasonable necessary treatment under the ODG guidelines, which included X. X did not like X. Dr. X had offered X, including introduction of X. X used X. X had X. X was X with X. Dr. X stated they just addressed the denial of care for this treatment, and as a result, they were going to have to resubmit. Again, X stated they would defer the doctor to their recent X exam, which was provided on X as well as X initial evaluation on X. X did X. It was now X, which X was mostly complaining of as X. Dr. X stated they were going to resubmit for X as requested at the X, pending X. Due to the X and X associated with X, X would require X as which was previously provided to X from previous X. An X dated X demonstrated X and X was X. At X, there was X. At X, there was X. At X, there was X. At X, there was X. An X of the X dated X demonstrated X. At X, there was evidence of X. At X, there was X. There was X. At X, there was X. At X. Treatment to date included X. Per a utilization review adverse determination letter dated X, X, MD denied X. Due to X would require X in the X. Rationale "It is non-authorized. According to a X study on X, there was documentation of X. X revealed X. There was also documentation that the X exhausted X and X with the plan to request X at the X. There was also documentation of the X continuing with X with Dr. X and that the X was reportedly X. However, there was no indication of X. Also, with documentation that the X is receiving X, this indicates X and would X. Therefore, this X is not in accordance with the guideline criteria and is non-authorized. request is not in accordance with the guideline criteria and is non-authorized." Per a reconsideration review adverse determination letter dated X, X, MD, denied X at the X with X. Due to X will require X. Rationale: "This is non-authorized. The request for X is not medically necessary. In this case, objective evidence of X was not identified. Overall, this request is not medically necessary."

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

The request is for X at the X and medical records were reviewed. The medical records note documentation of X. There are correlating complaints of X. X have noted X.

As the patient has X and has X is supported as medically 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
- 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