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Notice of Independent Review Decision

Description of the service or services in dispute:

X

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified X and X

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 reported X. X stated X. The diagnosis was X.

X underwent X (X) by X on X. It was documented that X demonstrated the X to X of the X. The X was X during the evaluation included X. X demonstrated the X to X, which matched X. X was, at the time, able to X for X and X while taking into account X need to X and X.

Office visits by X, MD were documented on X and X. On X, X complained of X. X stated X was X and X, and X. The X was X and

ranged from X. The X was described as X. It was X by X and X helped a lot. Examination was X from that on X, showing X. The diagnosis was X. X of X were recommended. On X, the ongoing complaints remained X. The X was now X and the X felt like X and X. X it. The X had been denied. Examination and assessment were X. The plan was to appeal X to IRO. Per a X progress note by X, MA, NCC / X PhD, dated X, X had completed X of X, and X recommended that X participate in X in their X. X had completed sessions of X and seemed to be X. X had X, but X had X a little as per X and X. X would benefit from X to help X with X and X concurrently to get to X goal of X. X was X. X had completed X and had X. Clinical findings noted that since the work-related injury, X had been X from X the X needed to X to the X more effectively, and improve X. X symptoms appeared to be marked by the following: X. On the X (X), X scored a X, within the X of the assessment. On the X (X), X scored a X, within the X of the assessment. After completion of several X, X scored a X. On the X (X), X scored a X, indicating X. On the X (X), X scored as follows: X (X), and X= X out of X (X). In summary, it was documented that the X resulting from X injury had X and X. X reported X and X related to the X and X, in addition to X. X had resulted in X resulting in X. X would benefit from a X. It would improve X ability to cope with X, which appeared to be impacting X. X should be treated daily in X with X as well as X. The program was staffed with X trained in treating X. The X consisted of but was not limited to X. These X would address the current problems of X, X, and X.

Treatment to date included X, X, X, X, and X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, PhD as not medically necessary. Rationale: "The request is not appropriate. The patient appears to have X. X do not believe X has exhausted X. A X would not focus on the major issues, and is likely to be a waste of time until/unless X difficulties are adequately addressed."

Per an appeal dated X, X, MA, NCC, X, PhD, and X, MD wrote as follows: "Reviewer denied X due to "not sure what X area of X is at present" and that X doesn't focus on major issues. In the peer review, the reviewer stated "patient has too many X". Patient is not on X due to X. Patient has been diagnosed with X as X records indicate. Patient X. Patient X, has X and X. Patient has had X for X injury in X, yet reviewer was unsure of where X was located? Patient was denied X in the past due to not having X. Patient has had X, X, and X. X have been denied. Patient continues to work on X but wants to get back to X abilities before X. No where on the X did it state that the "X was X". Patient's X have X and X only X probably due to X because X is not getting any treatment to help with X which is what the X can also help. The X would be beneficial to help X concurrently with X and X (like a X) to X and have X to be able to get back to X and even X. Patient reports X. X would also help with X. Patient has done X and is a candidate for the X. X meets ODG." In an addendum dated X, it was documented, "Reviewer denied patient the X on appeal. Patient has done everything asked on the original denial of the program. X has undergone X but needs something more X, X with a X included. Patient has also had X. X have been denied. It was noted that patient may need a X referral. Patient's X has X with X. Patient would like the chance to learn how to manage and cope with X and X. Patient is on X but would like to get back to X. Patient has a X injury that has X. The program would also help with X (X and X concurrently). Patient has X and has also X X. Please review records."

Per a reconsideration review adverse determination letter dated X, X, MD non-authorized reconsideration for X as not medically necessary. "Per Official Disability Guidelines, X guidelines, regarding X, "Recommended where there is access to programs with proven successful outcomes (i.e., X and X, X and X, X of the X), for patients with conditions that have resulted in "X"...Criteria for the general use of X...(2) Previous methods of treating X have been X and there is an absence of other options likely to result in X." A peer conversation occurred. In this case, on peer-to-peer what X that have been tried previously were discussed. Only X and X were noted. It was discussed if there had been a X or X. The provider stated that the X referral was

ordered but did not take place. The records indicate that X complaints have interfered with X. The patient cannot be said to have an absence of other options at this time. The requested X is not shown to be medically necessary and is non-authorized.”

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

After reviewing the provided medical records, X agree medical necessity is not established for the request, X, as not all other forms of care have been failed. The records indicate that X complaints have interfered with X and that a X evaluation, and possible treatment, was discussed, but not implemented. The patient cannot be said to have an absence of other options at this time, and as such, medical necessity is not established.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)