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Notice of Independent Review Decision

Review Outcome

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/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. In X, X was X. The diagnosis was X.

X was evaluated by X, DO on X for follow up of X. X reported X at the time in X. It was noted X at the time. X stated X. On review of systems, X reported X. X reported X. X had X. On examination, X was X, X was X and X was X. X was X. X was X. X assessment was X. X reported X following X. At that point, X had X. Due to X injury and the X, Dr. X believed that X was X. Because of this, X was felt to be X. X was evaluated by X, PhD on X for X. X was referred by Dr. X for X to assist in determining if X was X. X presented with X. X rated X as a X during the interview, with it being X at X and X at its X. X described X as X and "X." X stated that X began after a

X that was X. X reported that X interfered with X, X, X, X and X. X on the X and the X suggested X. On examination, X displayed X. The assessment was X. Dr. X stated that at the time, the evaluation revealed X. This X did not reveal X that would contraindicate X. X was X cleared for X. In a letter to Dr. X dated X, Dr. X stated that X was X. X should be X for X. In the event that it X, X might be X.

An X of the X dated X revealed X. A X of the X dated X revealed X. An X of the X dated X was X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, X, MD denied the request for X. Rationale: “The Official Disability Guidelines state that X is not recommended including X. The claimant complained of X. The claimant was to undergo X. However, the evaluation on X, X to provide examination findings consistent with X. Furthermore, the guidelines do not recommend the X. There are no extenuating circumstances that would warrant its usage outside of the guideline recommendation. As such, the request for X is non-certified.”

Per a reconsideration review adverse determination letter dated X by X, MD, the appeal request for X was denied. Rationale: “The rationale for denial of the request was that the guidelines do not recommend X as a treatment X. In addition, the clinical record submitted for review did not reveal examination findings consistent with X. There were no extenuating circumstances that would warrant the request outside of the guideline recommendations, as such, the request was non-certified. The claimant was seen in the clinic on X for a chief complaint of X. The treating provider indicated they would be performing X at the clinic visit. Objective examination findings revealed X. The X on the X with X was performed at the clinic visit. The claimant documented X after the procedure. The request is for X. Regarding the request for X, the Official Disability Guidelines state that X in the treatment of X is not recommended, including X. In the clinical record submitted for review, the claimant had X,

at the clinic visit X received X after the procedure. As a treatment X, the physician was asking for X, which is not warranted, per the guidelines. Therefore, the request for X is non-certified. Because an adverse determination for X has been rendered, an adverse determination for any associated X is also rendered."

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

The request is for X. The medical records were reviewed. The clinical findings note X in X, which X rated X as a X, with it being X at X and X at its X. X described X as X and it was noted to X. X carries a diagnosis of X and has had X, which found X the treatment would not be reasonable. The clinical records as presented would support the request for X as medically necessary, in my opinion.

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
- ☐
- ☐ 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)