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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 sustained a X when X. X was evaluated on X by X, MD for X. The X was X and X. The X was X. The duration was X. It was X. X presented to evaluate for X, referred by Dr. X. X was located at X with X. On examination, X had X and X. It was X. There was X with X. X was X on X and X. The X was X with X. The assessment was X. X had done X with X and was still doing X. Dr. X stated that given that their X Dr. X indicated X, X recommended X followed by X with X as the next step for X. Given X, X and X, Dr. X stated X was concerned about X. A X dated X revealed no evidence of X. There was X. An X of the X dated X revealed X. There was X. Treatment to date included X. Per a utilization review adverse determination letter dated X, X, MD denied X. Rationale "According to the documentation, the X is X. The X reports X despite X. On examination, there is X, X and X. The X is X. The X has X. A successful peer-to-peer call with X, MD was made at X. Per the peer conversation, the details of the request were discussed and the treating provider confirmed the details of the medical record. No

additional information was provided. Regarding this request, the cited guidelines do not support the request. As such the request for X is not medically necessary.” Per a reconsideration / utilization review adverse determination letter dated X, MD denied X. Rationale “A peer conversation occurred in the case. The provider does not know what the X of the X is, stating “may be X. The peer states that the X has X, “some X,” “some X.” The provider states there are X and X. The peer reports that the X says the X is not X. The peer states that X is the only X in use. The information provided by the peer does not indicate why the requested procedure which has not been demonstrated by strong, well-powered peer-reviewed evidence to be beneficial is necessary in this case. Based on the information provided, the request is not supported by the ODG nor shown to be otherwise medically necessary. The request was non-certified on the basis that the sided guidelines do not support the request due to “a lack of evidence to support superiority over other X.” Therefore, the request for X is non-certified.”

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

The ODG does not recommend X for the evaluation or treatment of X. The documentation provided indicates that the worker reports X which is X with X and X. An examination of the X has documented X. Treatment has included X. X has documented X. The provider states there is a concern for X. The provider has recommended X. Given the lack of support for X and no exceptional factors, the requested X would not be medically necessary. The provider indicates a concern for X, but it does not appear that there has been a X and X for X or other exceptional factors to support a X.

As such, X is not 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