

## Notice of Workers' Compensation Independent Review Decision

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

X

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X

### PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves X with X for X with X. The current diagnoses of the patient are X.

Magnetic resonance imaging (MRI) of the patient's X noted X. There was X and X that X. At X there was X. There was X and X that X and X of the X.

In a clinical note dated X the patient was seen for X. The patient had X and X. The physical exam findings of the patient's X noted X. The X was X. There was X. There was X. The provider recommended X.

In a clinical note dated X the patient was seen for X. The pain X. An MRI of the patient's X was X. The patient was X. The patient was X. The patient rated the pain X. It was noted that the patient had X since X.

In a previous review dated a request for X was denied as there was no indication that the patient had X, the MRI report submitted for review was unequivocal, clarification was needed for the requested diagnostic as there was no treatment plan for X, and clarification was needed as to how the request might affect the patient's clinical outcome.

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

The Official Disability Guidelines recommends X in patients with X and X, who have been unresponsive to X. Patients with X should have evidence of X.

A previous request for X was denied as there was no indication that the patient had X, the MRI report submitted for review was unequivocal, clarification was needed for the requested diagnostic as there was no treatment plan for X, and clarification was needed as to how the request might affect the patient's clinical outcome.

Based on the documentation provided, the requested X is considered medically necessary in this case. The patient has a history of X. The patient has X including X and X. The patient X. There were X findings on exam such as X. Additionally, the MRI had showed that there was X with X with X at X. Given the patient's history, exam findings, and image findings, the request is reasonable to further evaluate and treat the patient. Thus, the X is medically necessary.

### SOURCE OF REVIEW CRITERIA:

- 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



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- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG- Official Disability Guidelines & Treatment Guidelines
- Presley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance & 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)

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: X**

X