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An Independent Review Organization
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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 with date of injury X. X was X. X was diagnosed with X. X was seen by X, DO on X for the evaluation of X. X pain was X. X also had X. The pain was X. The X was X. It X. The pain was X. Since the X. X had X and X. X pain was X and X. Prior treatment included X and X. X had a X. On examination, X. X was noted to be X. Examination of the X. X showed X. X was noted to be X. The X was X. X was noted to X. X revealed X. X and X were X. X was X. There was X and X. The X had X. X of the X. An X demonstrated X. At the X, there was X and X. There was also a X. There was X. There was X. X was noted with X. At the X, there was X, and X. X was noted. X and X. At the X, there was X, and X. X was X. X and X noted. X and X. Per

a Utilization Review Determination letter dated X, it was decided that the X were not medically necessary or appropriate. These X were not approved. Rationale: "The ODG supports X. The documentation provided indicates the X. Treatment has included X. An X. There is X. There is a X. There is a request for a X. Based on the documentation provided, the requested X would not be considered medically necessary as there are X. As such, the request for X is non-certified." Per a Reconsideration Review Determination letter dated X it was determined that the request of X still did not meet medical necessity guidelines. The previous request was denied due to there being no objective X. This was an appeal request for X. The rationale for non-certification was as follows: "The Official Disability Guidelines support X. There must be well documented objective X. X must be X. The X does not support X. The most significant X. The claimant has reported a X. There was X. Recommend non-certification."

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

Based on the clinical information provided, the request for X as medically necessary and the previous denials are upheld. There is X, and the previous non-certifications are upheld. There is no significant X documented on the submitted X. There are X submitted for review with documentation of X.

Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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