True Decisions Inc.
An Independent Review Organization
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Notice of Independent Review Decision

Amended

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 who sustained an injury on X. X reported X and X. The diagnosis was X and X. According to X by X, MD dated X, X complained of X. The pain was described as X, X, and X. There was pain X. X was X. X reported that X was X and X; X. Per discussion notes, X presented with X. X reported X and X. On X, the X was X. X, there was X, and the X. There was X when X. There was X and X: (X.). There were X. The plan included X. On X, X continued to report X, X and X, X and X. X reported the prior X with Dr. X lasted over X but the X are now X than X. On examination, X was X. X continued to be X. X was X. X was noted in the X. X was X. X was X. X of the X dated X showed at the X, X and a X. At the X, there was X in the X, a X, X and a X. At the X, there was a X. X of the X suggested X. The actual imaging report was not submitted. Treatment to date

included X, X, and X. On X, the request for X was non-certified. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The most recent visit on X shows X. The MRI also X. However, X am unable to verify conservative treatments including X from the medical records provided.” On X, the appeal for X was non-certified: “Per evidence-based guidelines, X conditions is conditionally recommended as a X. X is better supported with documentation of X requirement after the previous X. In this case, the patient complained of X into the X. X reported X and X. The X was X on the X. There was X when X. There was X and X: (X). It was also reported that the X with Dr. X lasted over X but the X were now X. A request was made for APPEAL X. However, the objective evidence of X was still not established in the medical reports provided. Also, evidence of X and X from prior X was not identified to warrant a repeat X. Furthermore, evidence of X in association with X was also not identified. The prior non-certification is upheld.”

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 is recommended as medically necessary, and the previous denials are overturned. Additional information has been received which indicates that the patient’s previous X but the X are now X. An updated X and X. The patient has been performing a X and will participate in a X. The patient has X.

Prior X provided X. In X opinion, medical necessity is established.

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