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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

Physician Board Certified in 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

This patient is X, DOI X. The mechanism of injury occurred while X. X performed by Dr. X, X. Patient had X and X and X, X and X. X findings were X. X assessment was of X. Dr. X saw X, X.

Patient was then seen by Dr. X, X& X, X. Patient reported injury to X: X. Patient presents with X, X, and X, X, X at X, X, located in the X, X and X. Patient states this began after the injury. X reported having X. Patient was treated with X which made X. X was also treated with X, X, and X. Past medical history shows X

was seen for X.

X at that time showed X. X showed X in the X and X and X with X. X testing was X. X was X. No specific areas of X noted. X noted. Patient was diagnosed with X. X was started on X and X.

Patient was again seen by Dr. X on X. Patient continued to complain of X and X, X. X stated that X used a X. X remained the same as X previous examination. Both patient's X were X.

PATIENT CLINICAL HISTORY SUMMARY (continuation)

Patient again seen by Dr. X on X. Patient had received X at the last visit. X reports on the X had X after getting the X. X reports a X for the X and X. X also states that after X of the reported X was already X.

The peer review evaluation was performed on X. The request for X release was deemed non certified. Reviewer stated that there were X findings on the X to support performing a X other than X in the X and X. The reviewer also stated there were no X performed. The X were noted.

A second peer review was performed X, request for X release was again non certified. Reviewer felt the patient had not exhausted X management.

Summary: X who developed X continuing in X after using a X, X and X.

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

Opinion: X disagree with the benefit company's decision to deny the requested service of X.

Rationale: It appears the patient responded X, per last note dated X. This confirms the diagnosis of X and it is my opinion that patient will X to treat X. The requested service, X, is a medical necessity for this patient.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE & EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS X

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY
ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL
LITERATURE (PROVIDE DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID,
OUTCOME FOCUSED GUIDELINES (PROVIDE
DESCRIPTION)