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An Independent Review Organization
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Notice of Independent Review Decision

Description of the service or services in dispute:

X

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified X

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 was X and X and X with a X. The diagnoses were X, X, other X, X and X, X.

X report dated X by X, PsyD, revealed that from a X perspective, X was viewed as a good candidate for X.

On X, X presented to Dr. X with X and X, X. The examination revealed some X. X was X. X was X and X. X was X for X, X, and X. X were X. X was X. X had X. X not attempted due to X. X of X dated X revealed X noted involving the X identified and X appreciated. X was diagnosed with

X. The plan was for X. On X, X states that X continues to have X. X refers to X, X. X had X and X and X and was X. X had X and had to X. X states that X had a X, this caused X and X. X denies X or any X. On X and X were X or X. X, X and X were X. X was X. X was X. X were X and X. X had X. X showed X, X, X, and X and X. X was X, and X. The diagnoses were X and X, X. X will X. X will continue to do X.

An X that was X and X. A X of X on X. It showed a X and X.

Treatment to date included X, X, X, use of a X, X, X, X, and application of X.

On X, a Notice of Adverse Determination - WC Network indicated that the request for X, X was non-certified. Clinical Rationale: "The Official Disability Guidelines recommend X when there X, objective, and imaging findings after failed conservative treatment. Based on the review of the provided documentation, the claimant presented to Dr. X with complaints of X and X, X. The examination revealed some X. X was X. X was X and X. X was X, X, and X. X was X. X was X. The claimant had X. X not attempted due to X. X of X dated X revealed X changes noted involving the X and X. The X dated X revealed that from a X, the claimant is viewed as a good candidate for X. There was X provided for review which is required to determine medical necessity for X. Therefore, the request is not certified."

A Notice of Appeal Adverse Determination WC Network dated X indicated that the appeal for X was non-certified. Rationale: "The patient has X but evaluation of records do not meet ODG to justify 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 claimant had been followed for X. The claimant had been treated with X. The current X noted X. There was X noted with X in the X. However,

imaging of the X noted X or X. The current evidence based guidelines do not recommend X to X or X. The claimant's recent clinical findings did not detail specific findings that would indicate the X. Therefore, it is this reviewer's opinion that medical necessity is not established.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and 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 and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)