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An Independent Review Organization  
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***Notice of Independent Review Decision  
Amended X***

**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 is a X who was injured on X. X reported X was X and the X. X noted X and X and the X. The current diagnosis was X. On X, X, MD evaluated X. X presented for a follow-up on X. X reported X after use and stated that X, it was X. X continued to X. X had been X. X felt X was X. Examination of X revealed X. There was a X. X on the X. X, X, X, and X. X could X at the X but it was X than X. X could make a X. There was X in X as well as the X. X had X of all X and X, X, and X. It was noted X had X of the X and X to a X. Treatment to date included X and X. Per a utilization review adverse determination letter dated X, the request for X, X was denied by X, MD. Rationale: "The Official Disability Guidelines only supports X for X. This claimant does not have either of these conditions. Although this claimant has sustained a X, progress note dated X reveals X of the X. X or X is present. Accordingly, it is

unclear why X is being requested. Absent these objective findings, this request for X and X is not supported. Non-certification is recommended.” Per a reconsideration review adverse determination letter dated X, X, MD denied the appeal request for X, X. Rationale: “Regarding the requested X, the Official Disability Guidelines indicate X may be recommended when there has been a X to include X and when there is a X. The documentation does not detail the above. The documentation does not detail this patient has X. Additionally, there is no indication that the patient is X and therefore given the X. A discussion of the case was made with Dr. X, the physician indicates that the provided note is incorrect and there is a X and the patient's X. X indicated that additional information would need to be sent given the chart note detailed X. No additional information was submitted at submission. Therefore, the requested X is not medically necessary and is recommended for noncertification.”

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

The ODG supports X for X after a X. The documentation provided indicates that the X that has X and a X. Recent evaluation documented a X. An examination documented X. The treating provider has recommended a X in X. Given the documented extension X, X would be supported.

Therefore, the requested X is medically necessary and is recommended for certification.

**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