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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: 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 when X, X. The diagnosis was X and X. Follow-up notes by X, DO were documented. Per the X note, X was in X. X was reporting X in X and X. X was recommended to X, as X had X as X. X was asked to X, which may be X. However, X was in X and X today. X was X. X complained of X. Dr. X was concerned about X medical X to rule out any X, which will be causing this X, X, X. X was X to take the X, which had recently been increased of X per day. X was to reduce the X, and X and X. Once X had been obtained, then a X, X and X would be advised. X did have a X. X had engaged in X in the X, X was noted. At the time, X was in X. X was able to X. X did have decreased X. Per the X note, X was noticing X, X. X was reviewed and revealed a significant X for this. X would be X, for X. Dr. X noted that this was a pain X. X, given the X, may be an excellent avenue for X to

consider. X were X. X would be reserved for X. An X of the X, showed at X, there had been a X; however, there was a recurrent or persistent X upon the X. There was also X, X. X was noted at X. There was X. X due to X and X were noted related to the X, X. Treatment to date included X, X, and X. Per a utilization review adverse determination letter dated X, the request for X was denied X, MD. Rationale: "Per evidence-based guidelines, X are not routinely recommended unless there is evidence of an X. It should require documentation that previous X and is better supported with documentation of X. In this case, the patient continued with X, X and X. X felt X and X became X. On the recent visit, X was X, X had X and a X with X. MRI on X showed a X at the X. As a result of X recent X, they were going to request X; thus, a request for X was made. Although in the X visit documented that X has gotten more than X, and X but X and X was not estimated to warrant for a X. Moreover, documentation of X requirement after the previous procedure was also not established as there was X report. Clarification is also needed on how the request would affect the patient's treatment recommendations and overall health outcomes. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. As stated above, it is unclear in the records reviewed on the duration of improvement of the prior X. Per a utilization review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: "The request is NOT certified because the following criteria were not satisfactory: there has been no X or injury for which an X would allow for improved X; there is no documented evidence that the patient has an X; there is no documented examples of X, such as X, or X for the X. Since there was no successful peer conversation, clarification of certain details was not possible thus not allowing for the request to be certified according to the recommendations of the Guides."

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 not recommended as medically necessary, and the previous denials are upheld. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records fail to document significant and sustained improvement following most recent X. There is a lack of

documentation of objective measures of improvement.

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