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

***Review Outcome***

***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 when X was X. X was in a X. X stated the X could not make a X and X. X was X. X sustained a X, leaving X a X. X was diagnosed with a X status X, X and X. The ongoing diagnosis was X; X; X.

X, MD saw X in follow-up on X. X returned to the office for X. X presented to follow-up on X due to X. Since the prior office visit, the pain was about the X. X was taking X, X, and X for X pain X. The X for X on X, which had

been there since X. X stated these X allowed X to X. X rated the pain X with X and X. X goals for treatment included X and X. X stated Workers' Compensation had been giving X. On examination, X was X. X showed a X. There was X and X. X was X. X was X. There was X to X. X were X. X was prescribed. It was noted X had X due to the X and took X as needed, which helped X.

Treatment to date included X, X, X) with X; X, X,

Per a utilization review adverse determination letter dated X, the request for X, X was denied by X DO. Rationale: "This X is listed as an X in the X. The progress note did not describe the source of the X. X would note that the Official Disability Guidelines specifically do not recommend this X and X."

On X, attorney X appealed the adverse determination on behalf of X, documenting, "As you are already aware X is X. The injuries that X sustained have X. After X, X doctors have found which X. Some of those X cause X. According to Dr. X, X has always required, and taken, some type of X in accompaniment with X. Dr. X prescribed X beginning in X and the X has been approved from then until X. Now, for whatever reason, Dr. X, who is not familiar with X medical condition, determined that X no longer needs X. This arbitrary denial of this X, to me is X and should be reviewed by someone who is more familiar with Dr. X. Therefore, Dr. X respectfully requests that this adverse determination be appealed."

Per an appeal review adverse determination letter dated X, the request for X and X was denied by X, MD. Rationale: "According to the Official Disability Guidelines, X is not recommended for X and X. The physician stated that the X was being X. While it was noted that the patient had sustained X, the treating physician failed to specify why the patient was X. The physician did not address the current evidence-based guidelines requirements for the use of this X. As such, in accordance with the previous denial, the appeal request for X, is non-certified."

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

X in an X and is FDA-approved for X and X and X. It is also FDA-approved for X. X use is FDA-approved for X. The records provided did not identify any clear indications for the use of X. The claimant's records did not identify any exceptional issues that would support X. Given these issues which do not meet guideline recommendations, 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
- DWC-Division of Workers Compensation
- Policies and Guidelines European Guidelines for Management of X
- 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)