True Decisions Inc.
An Independent Review Organization
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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 with a date of injury X. X and X. X was diagnosed with X. X visited X, X on X and X. On X, X was seen for X. The X to the X. The pain was rated at X on X. X noted that medications were X and X. X consisted of X and X. There was X. X had X from X. X was X, X, and X. An X was noted. On X, X presented for a follow-up of X. The pain was rated at X for the X. X stated that the medications continued to be X. The X. An MRI of the X dated X showed X change in the X. Treatment to date included X, X, X, X, X, and X. Per a Utilization Review decision letter dated X, the request for X was denied by X, MD. Rationale: “Per evidence-based guidelines, X is recommended for X associated with X. In this case, the patient complained of X which X. Upon

examination of the X, there was X. It was noted that the patient underwent X. A request for X was made. However, the presented subjective and objective clinical findings were insufficient and did not meet the guideline criteria to support the requested procedure. Documentation such as X as well as X, more than X use for at X, and documented evidence of X were not fully established. Moreover, the actual X notes were not submitted for review to X from this X. For X, this procedure is not recommended for any X / X / X, including X, X or X, X, X or with X or X. X reports have suggested X for X and X, X, and X. Thus, the totality of the request could not be supported." Per an appeal letter dated X by X, X; X had failed X, X, X, and X. X believed X would benefit from X. X never had a X. X had undergone a X on X with X, X, and X and X with X, X with X. X noted X and X. X had a X on X with X for more than X. X noted X and X and X. Per an Adverse Determination letter dated X, the prior denial was upheld by X, MD. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. This X injured the X when X. The reported condition is considered X because X have X. A request for X, was made. The following are important considerations: X are not recommended. The request is non-certified for the following reasons: X do not show differences from X. In the peer-to-peer discussion, the requirements of the Guides were reviewed with the provider (or designee). The X in the request were discussed, and the reasons for non-certification were given. Since a successful peer-to-peer conversation has taken place, no additional clinical information is expected to be provided. The documentation provided for this APPEAL request is either NOT significantly different from the original request OR does not adequately address the objections from the previous reviewer."

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 Official Disability Guidelines note that X are not recommended for any X, including X. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of X documented.

Therefore, medical necessity is not established in accordance with current evidence.

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 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 & 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