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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 with date of injury X. The mechanism of injury was X. The diagnoses were X. A progress note dated X was a follow-up for X with X, DO. The pain was rated X and there was a complaint of X. X had been X for X. X had not been X. No X were identified. A physical examination of X revealed X. X was X at X. There was a X test, X test, X test, X test, X test, X test, and X test. On X, X was present in X. X over X was noted on X. X showed X. X was X. There was X. X test caused X. X test was X with X. X caused X. There was X dated X revealed X. There was X and X with X. There was no X identified. Treatment to date included X. On X, the request for X was non-certified. Rationale: "This request is not supported. The Official Disability Guidelines only supports X. This claimant has X, however there are no current

complaints of X. There is no X. There is also unclear to what extent there has been X. Additionally, regarding X, no X has been demonstrated with an X to support X and regarding X, no X. Considering the X and X, the X requests are not medically necessary." On X, the reconsideration request for X was non-certified. Rationale: "As noted in the Official Disability Guidelines a X. This specific request is not certified."

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

Certify: X, as X. Non-certify: X. The ODG generally recommends X for X when X. The ODG supports X for X. X is optional for those X. The ODG supports X for X when X for X and when there are X consistent with the diagnosis. The ODG conditionally recommends X after X when there is X. The ODG supports X after X and when there are symptoms and/or X. In this case, the X has been diagnosed with X. The MRI is consistent with X. The examination indicates that there is X. There also is X. As the MRI and examination are diagnostic, a diagnostic X would not be supported in this case. Proceeding with X would be appropriate and standard of care as not doing so will result in X. Addressing the X would be appropriate standard of care as not doing so would result X.

In consideration of the available information, the X is not medically necessary; however, the X is medically necessary.

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