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### ***Notice of Independent Review Decision***

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***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. X was injured when X. The diagnoses included X, X, X.

On X, X was seen by X, MD for follow-up evaluation for an injury to the X, X, and X. X reported X since the previous visit. X had been compliant with X. X was evaluated by Dr. X on X. X rated the pain X. X included X, X / X and X. X included X, X, and X. X was given an X for X only. Per X, X was evaluated by Dr. X on X and was told to continue X. X had been compliant

with the X, medications X, and X. X examination showed X were X, and X and X. X was X with X and X. On X, there was X. There were X, X, X, and X. On X, there was X over the X. X was X on X. X was X. A X was X. On X, there was X, X, X, and X. The X was X and X. On X, X noted that X had X and X and X that was rated at a X in the X. X was X. X revealed that X was X. X was X. X of the X was X. X was at X. X had been receiving X from X to X to address the pain and X and X. X was X and X and X was X and X. X requires X and had had X. However, X was able to perform the X and was able to perform the X when X. Plan was to request X and X. An MRI of the X dated X revealed X. A X was noted X. There was X. An MRI of the X dated X revealed X, which may be X. At X, there was a X, which X. At X, there was a X, by as much as X. The X was X. At X, there was a X, which X and X. At X, there was a X by X. There was a X and X. There was X. There was X. There was X. At X, there was X, by as much as X. There was a X and X. There was X. Treatment to date included X. Per the X Notice of Adverse Determination letter, the requested X, was non-certified. The claimant approximately X was authorized a X. There is no discussion regarding the outcome from this treatment. The claimant was unable to X and has since X. It is noted that the claimant recently X and X. There is a concurrent request for X which has been authorized and X as is supported by ODG. X is not indicated absent documented objective benefit from prior treatment. Recommend non-certification. Per Notice of Appeal Adverse Determination dated X, the appeal for X was non-certified. Rationale: "This is a request for X. ODG Guidelines note, recommended based on X. Allow for X. Recommended as indicated below. There is X, including X and X. Allow for X. X and X. This request was denied on X. The patient has X of X and is able to do X. X is currently X. There is no documentation of specific objective benefit X. Therefore, based on the records reviewed, the medical necessity for this request has not been established, and therefore, the request is denied."

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

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 indicate that the patient

completed a course of X. There was X noted in the X. Office visit note dated X. Office visit note dated X notes X. This note states the patient has X, but X was recommended to complete the course of X and X. The request for X would exceed guideline recommendations. When treatment X the guidelines, X should be noted. There are no exceptional factors of X. 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-America College of Occupational and Environmental Medicine
- AHRQ-Agency for Healthcare Research and Quality Guidelines
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- DWC-Division of Workers Compensation Policies and 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 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)