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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

The reviewer is a Medical Doctor who is board certified in X.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of X.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This X sustained an injury on X. Review of documentation notes the injured worker is X. X dated X has injured worker undergoing a X to include X; and X. X of the X dated X have X, X. Progress report dated X has injured worker presenting with X of the X. X is now X. Exam reveals X, X along the X

which is X. There is evidence of X. There is X. X of the X. X are noted to show some X. X notes the X. At some X may be considered.

Procedure report dated X has injured worker presenting for X to the X. X dated X has the injured worker following up regarding X. X has been a X which was treated X. X has since been having X. Pain has been on a X. X has tried X to include X, X, X, as well as X. X has had X. X pain X and X. Exam reveals X. There is X. X has X noted X. X is X. X are noted to show X, X, X. Treatment plan included X.

Utilization review dated X has non-certified the requested X. Rationale states there were X findings documented for the X. There were X documented in this visit. There was X documented as the guidelines indicate that X.

Utilization review dated X for the appeal of the requested X was non-certified. Rationale states the presented findings were insufficient to support the current request for X. There was no documentation of X and X. Also, there was X noted that revealed advanced, X. Furthermore, X is not over X. X were not identified. Progress report dated X has injured worker presenting with X. X is known to have X. X is on X. Exam reveals X. Evidence of X is present. X is noted. X was provided with a X on this date. Treatment plan is again for X.

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

The Official Disability Guidelines state criteria for X as: X: (a) X. X should be delayed at least X due to the X. X: (a) X (d) Documentation of current significant X. PLUS 3. Objective Clinical Findings: (a) X (b) X, X. X is not supported but may be otherwise indicated for X) PLUS 4. Imaging Clinical

Findings: X in at X compartments, as well as X with medial or X OR X are noted).

In this case, this X sustained an injury on X and is undergoing treatment for X. X presented with X. Exam reveals X. X is present. X is noted. X is noted to have X. However, detailed documentation is X. X is noted from X, and most recent X does not have results documented. X is noted to have X. However, the X are not provided that X this. It is noted on exams. However, the X report of the images is not provided. Furthermore, X is noted to have had X; however, X were not noted. Guidelines do not support the procedure with X, as there are X for X.

Overall, there is X presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, the request for X is not medically reasonable or 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**