



530 N. Crockett #1770 Granbury, Texas 76048
Ph 972-825-7231 Fax 972-274-9022

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 X

REVIEW OUTCOME

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

X

The reviewer does not agree with the previous adverse determination regarding the medical necessity of: X

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X

PATIENT CLINICAL HISTORY [SUMMARY]:

This X sustained a X. X of the X has X.

Exam dated X has patient with X and X. Patient has X. X notes X. The pain scale at X. There is more pain with X. There is also some X.

Mechanism of injury is X where patient was a X. X to the X. X is X.

Exam of the X reveals X. X noted at X and X. X, X, and X are all X.

Diagnoses are: other X. Request is made for X. Denial dated X, by X, MD, has the X: X is denied.

Exam dated X has patient with X. Still X and X. The pain scale at X. There is X. Exam of the X reveals X. X noted at X. X and X.

Diagnoses are: other X. Request is made for X. Office is to appeal X denial.

Rationale for appeal dated X, by X, MD notes the patient's history and X and X findings are X. Condition remains X. The patient will benefit from X.

Reconsideration dated X by X, MD notes the request for X is not medically necessary, as is this request for X.

(Review of the medical records did not provide the rational for the noted denied X. The X reviews provided were for the X was denied, but no actual review/denial of the X itself was provided.)

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

X are medically necessary; the denial is overturned.

As per ODG, "When the X becomes X, it is described as a X. A X. Most X can be treated with X. Patients who are X."

This X sustained an injury and notes X pain. X notes the X is still X and notes X. The pain X. There is more X. Exam documents X. X noted at X. X and X are all X. X of the X is seen. There is well documented failure of X. Provided documentation demonstrates subjective and objective deficits that are corroborated by imaging studies. X of X has been documented. Therefore, the request for X is medically reasonable and necessary.

As per ODG, the requested X is “Recommended as an X.”

This X has requested procedure of X. Therefore, the request for X is medically reasonable and 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
- AHCPR- 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)