

# ***Applied Independent Review***

***An Independent Review Organization***

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

***A description of the qualifications for each physician or other health care provider who reviewed the decision:***

X

***Description of the service or services in dispute:***

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 who sustained an injury on X. The X of the injury is not available in the records. The diagnoses included X.

On X was evaluated by X, MD for X. The pain was described as a X. It X. X also X. X had X. The pain was X. It was X. It was X. X also complained of X. On examination, X was noted over the X.

X was seen by X, MD on X for a follow-up of X. The pain was described as X. It X, and X. It was associated with X. The pain was X. It was X. X reported X with the X. On examination, X was X. The X to X. X was noted X with referred pain noted X. There was X. X was X. The X.

X of the X demonstrated X. X of the X and X showed X. An X of the X showed X.

Treatment to date included X.

Per a peer review by X, MD on X, the request for X was non-certified. Rationale: "Based on the documentation provided and per the ODG guideline, the requested X are not considered medically necessary in this case. Though the claimant has a history of X noted on the exam, the

requested procedure is not recommended as a sole treatment. There was no documentation of treatment plan provided in X. As such, the request is not considered medically necessary in this case. Therefore, the X is not medically necessary.”

Per a peer review by X, MD on X, the request for X was non-certified. Rationale: “Within the medical information available for review, the request was previously denied due to no documentation that treatment will be provided in addition to an X. The claimant has been treated with X. Therefore, X for the X are not medically necessary.”

***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. Per a peer review by X, MD on X, the request for X was non-certified. Rationale: “Based on the documentation provided and per the ODG guideline, the requested X are not considered medically necessary in this case. Though the claimant has a history of X noted on the exam, the requested procedure is not recommended as a X. There was no documentation of X provided in X. As such, the request is not considered medically necessary in this case. Therefore, the X is not medically necessary.” Per a peer review by X, MD on X, the request for X was non-certified. Rationale: “Within the medical information available for review, the request was previously denied due to no documentation that treatment will be provided in X. The claimant has been treated with X. Therefore, X and X are not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The first mention of X is in the X note. Guidelines require that X. Additionally, there is no documentation of recent or ongoing X. Also, the Official Disability Guidelines require that X is not present by X. Therefore, medical necessity is not established in accordance with current evidence based guidelines and the request is upheld.

***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 um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal 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 Médical Literature (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)