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An Independent Review Organization
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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 diagnosed with X.

On X, X, MD evaluated X for X. The pain was X. Other symptoms included X. Treatments previously tried included X. X pain level was X. X mentioned that X was sent for a second opinion. X previously had X. On examination of X, X had X, but had X. X tests were X. Mostly, X were X.

An X of the X dated X revealed X.

Treatment to date consisted of X.

Per an undated utilization review, X, MD denied the request for X. Rationale: “Peer to peer calls were attempted, but a case discussion was unsuccessful. The ODG supports X when there is a need to assess X. The

documentation provided indicate that X. There has been a X of X. The X has had X. Case note states X on X. The treating provider has recommended X to evaluate for X. Based upon the documentation provided, given that if it appears there have been X, additional X would not be supported. As such, the request for X is recommended for non-certification."

Per an undated utilization review, X denied the appeal request for X. Rationale: X reviewed the appeal of the X denial determination for X that was received on X. It was determined that the request still does not meet the medical necessity guidelines." It was further documented that "The request for authorization of X is an appeal. The rationale for the denial of the X was that there was no need to assess X. The documentation provided indicated that the patient complained of X. There had been X. The patient had X. There was also documentation of X. The treating provider recommended a X to evaluate for X. Due to X, X was noncertified." "Regarding the request for X, the Official Disability Guidelines state that X. The exception was X. In the clinical record submitted for review, there was documentation of X. However, the X should be considered initially prior to X. Therefore, the request for X is non-certified."

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

Based on the clinical information provided, the 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 X. The submitted clinical records fail to document X in the X to support 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
- ☐ 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)