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An Independent Review Organization
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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: X

REVIEW OUTCOME:

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 X and X. The diagnosis was X. Per the Plan of Care by X dated X, the patient X. X presented in the clinic with X. X stated X. X stated X. X stated X. X did state that X. X stated that X. X also reported that X. Currently X, however X. The pain was X. Per the X and X, X presented with X. Though X, X was X. The X of X was X and X. This along with return of reports of X might suggest X. X activity X was X, and X. According to the Progress Notes by X, MD dated X, X presented for a follow up visit. X was having X. X was unable to X. X had also noted X. X had been X. X had X. X also had X. X had been experiencing X. The review of systems showed X. On examination, there was X. The current

treatment plan included X. The X were X. On X, a Notification of Adverse Determination indicated that the request for X was non-certified. Rationale: "Per evidence-based guidelines, X recommended only when X cannot be X with X or X. In this case, the patient was X. X was unable to X. X had also noted X. X had X. On examination, there was X. A request for X was made. However, there were X regarding the patient's X. Also, clarification is needed as it was noted per the X report dated X that X presented in the X with X. Clarification is needed with the request and how it will affect the patient's clinical outcomes." Primary Reason(s) for Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, X are recommended only when X. In this case, the patient was having X. X was unable to X. X had also noted X. X had X. On examination, there was X. A request for X was made. However, there were limited objective documentation regarding the patient's X in the most recent visit report dated X. Also, clarification is needed as it was noted per the X report dated X that X presented in the X with X. Clarification is needed with the request and how it will affect the patient's clinical outcomes." A Notification of Reconsideration Adverse Determination dated X was documented. The appeal for X was non-certified. Rationale: "Per evidence-based guidelines, X are recommended only when X cannot be X with X or when X. X should be encouraged throughout the X, preferably with X. In this case, per the most recent report, the patient was X. X was unable to X. The patient had also noted X. On examination, there was X. A request for X was made. However, a comprehensive examination with X as well as X was not documented in the most recent reports to validate the presence of X that may justify the need for the request. In addition, there was no clear indication as to whether the patient's condition was X. Furthermore, as the most recent report was dated X, a more updated and detailed assessment is needed to currently assess the patient's condition. The request is not supported at this time." "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. A comprehensive examination with data on X is not available."

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

Based on the clinical information provided, the request for X is not recommended as medically necessary, and the previous denials are upheld. On X, a Notification of Adverse Determination indicated that the request for X was non-certified. 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 is X. The patient reports that X have been X. The submitted clinical records fail to establish that the patient requires X or that the patient 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- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TMF SCREENING CRITERIA MANUAL